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ARTICLE I.—*A Complicated Case of Dyspepsia with Hysterical Symptoms, Dependent upon Displacement of the Uterus, etc.* By JOHN C. DARBY, M.D., of Lexington, Ky.

I was called to see Mrs. K., of ——, on the 21st June, 1853. Mrs. K. has had two children; was in the 28th year of her age. Her last child was born about the 12th of April. From what I can learn, the labor was tedious, and she was bled freely. Why she was bled I do not know. She recovered very slowly from her confinement. Mrs. K. is a tall woman, with a large frame and well proportioned. The pelvic region is remarkably well developed. I found her very much emaciated. The walls of the abdomen had fallen down upon the spine, and made a great depression between the points of the hip bones. The abdominal aorta could easily be felt; the skin cov-

ering the abdomen had a tanned or dead appearance; the bowels were costive at the time, and the secretion of urine was very scanty; hardly any was passed, and that at intervals of 24 hours; there was considerable heat over the abdomen, though no soreness on pressure; the pulse varied from 120 to 140 in a minute, and was weak; the tongue was remarkably red, large and flat; nothing agreed with the stomach; every article of food, and even water, gave rise to pain in that organ. The depression produced after receiving any thing into the stomach was sometimes excessive; it was always very distressing. The lowness of the spirits of this lady, and her general dejection were very great. Considering her great emaciation, her utter inability to retain any nourishment, her dread of immediate death, and her unmistakable extreme and continual suffering, no one can realise to himself her condition, who had not seen her and watched with her for several days. But for a long practice in chronic disease I would very soon have given up the case as hopeless.

Mrs. K. had been under medical treatment from the time of her confinement. She had been under the care of some four or five physicians, several of whom were among the most distinguished in the State. What was the diagnosis of each, and what the treatment, I do not know with sufficient accuracy to state them. No one had proposed to examine the uterus. She told me that she thought that she was injured at the time of her confinement. She did not reside in Lexington.

At my first visit I made an examination per vaginam. I found the uterus anteverted; it was not much enlarged; the neck was somewhat elongated and hard. But what struck me as being remarkable was, that the walls of the vagina had fallen back upon the bones of the pelvis, just as if she had not been delivered twenty minutes.

In the first instance I gave her a mild cathartic which was repeated in six or eight hours, as the first dose did not

operate. When the medicines operated, the operations were too free. I gave no more cathartic medicine during the treatment, which was up to the 9th of August, except a table spoonful of castor oil at several different times.

I came to the conclusion, after my first examination, that all of the symptoms — of dyspepsia and of hysterics — dependended upon the condition of the uterus and its appendages. I never changed this opinion, and though the distress of the stomach was excessive, I did not believe that it was the seat of her disease ; but that its suffering was symptomatic, or one of the anomalous products of that protean malady—urino-genital disturbance. I tried several remedies to relieve this distress of the stomach, viz.: pills composed of nitrate of silver, gr. ¼, opium gr. ¼, (opium by itself,) peach-tree leaf water, etc. Neither afforded any relief; inded, they all aggravated her malady. The only things which did agree with her stomach were, ice in small pieces, white sulphur water from Mr. McMurtry's very fine sulphur (bored) well in this city, and effervescing powders of the citrate of potash. But each of these became offensive after a time. The ice agreed with her longer than any thing else. I soon ceased to give any internal medicine whatever. It was a work requiring hours of attention, and of conversation, during the night and day, at times when she was so exceedingly depressed and nervous, to keep hope alive in her, and to make her understand that it required time for the uterus and its appendages to become healthy, and that the dyspepsia, etc., would not be relieved until they did.

The special treatment from the first was as follows: injections with a large glass syringe of a pint or more of cold water, containing two grains of the nitrate of silver to the ounce. The syringe was introduced to near the mouth of the womb. This injection was repeated at intervals for four or five days. After that, a cold solution

of alum water was substituted. From the beginning, the vagina was filled up with a cloth wet in cold water. It required as much as a common sized towel to fill it. The patient would remove this cloth whenever it became too hot, have it washed out, re-wet, and then place it back. This was all continued until the walls of the vagina were sufficiently contracted for the space within to be pretty well filled by a gum elastic hollow pessary, which was inflated after it was introduced.

This pessary was about the size of a large hen egg. It was first used about the 10th of July. I omitted to state that the alum water injection was used for some time twice a day; after that, only once a day. The pessary was not worn all the time, it sometimes causing inconvenience, when it was omitted for a while. I recommended my patient to continue the alum water injections, and to wear the pessary, until she again became pregnant. Before she left Lexington the vagina had become so contracted that she found great difficulty in introducing the pessary with the air pressed out. The uterus had assumed its natural position sometime before this.

After the bowels became quiet from the effects of the two doses of cathartic medicine, given when first called in, I found that they again became costive. There was no operation from the bowels for several days. The condition of the stomach was so distressing that I was unwilling to give any medicine whatever, especially cathartic medicine. I then examined the rectum. I found it, as far as it was possible to be, in the same condition in which I had found the vagina; the walls of the bowel had fallen back as far as they could, so as to leave a space in the concavity of the sacrum large enough to hold a hen's egg. The feces were collected in this hollow, and the patient had not the physical strength to cause them to rise up and pass out of the anus. I had to remove them

with my finger. This operation I had to repeat frequently.

From the time I made this discovery of the condition of the rectum I had cold water injections thrown into the bowels twice a day for some time, then once a day only until they acted as in health.

The urine began to pass more readily from the time I commenced using the injections, and putting the cold cloths into the vagina. It passed freely long before the bowels began to act healthily. It was at first very high colored. I did not have it analyzed. To correct it I prescribed:

℞.—Phosphate ammonia, ℥ss.
Distilled water, ℥iv. Misce.

Dose, a table spoonful three times a day.

It was not taken regularly, but before it was all taken the urine had become clear and healthy. Whether the medicine effected the change or not I cannot say.

To relieve the distress of the stomach I kept cloths wrung out of cold water constantly applied over the abdomen, with a dry cloth over the wet one. These were renewed as often as they became too hot. They were kept on day and night, and the patient frequently changed them herself, as she said they afforded her more comfort than any thing else. But this distress was so annoying that it seemed as if something more must be done; I therefore applied a blister plaster over the stomach on the 24th of June. It did not draw well and soon healed. On the 29th of June I cupped her over the stomach. Neither the blister nor the cupping relieved the stomach to much extent, and the relief was not permanent. Some days after this I painted the entire abdomen with the tincture of iodine. This was repeated several times, and, I believe did her much service. The painting was speedily

followed by a crop of pustules. After a few days the pustules appeared upon her arms and lower limbs. I am inclined to believe that the pustules were produced by the iodine, for she complained of the specific effects of iodine in her throat. The wet cloths were continued all this time, and indeed until she was able to get up.

For some weeks Mrs. K. was unable to sit up at all, and had to be taken up in the arms of a friend and laid on another bed while her own was made up. The improvement in her case was very slow at first, in fact, hardly perceptible. But step by step, as the organs within the pelvis began to contract, and to assume their healthy functions, did the stomach become more quiet, and the hysterical symptoms to pass off. But for some time her digestion was attended with more or less pain or uneasiness. I advised her to eat, however, even at the expense of this distress. The stomach had to become accustomed to its office, as had her limbs when she made the first efforts to walk.

But after a time my patient could eat any thing, tomatoes, beans, boiled corn, meats, etc., and fruits of all kinds, and the difficulty soon was to prevent her from eating too much. As soon as her stomach would bear it, I commenced giving her Scotch ale and London porter. She drank from a half to a whole bottle a day.

I dismissed her cured on the 9th of August. She was then gaining in weight half a pound a day.

So far as I may be entitled to credit for the cure of this lady, I think that I have made it very evident, from a simple statement of the facts, that it all depended upon having made a correct diagnosis when first called to see her. As before remarked, it was extremely difficult to keep hope alive in her, while I waited upon the slow operation of the means applied to the pelvic organs. But all depended upon maintaining the confidence, and not departing from the course adopted.

ART. II.—*French Surgery*, in a letter to Professor GROSS. By ELKANAH WILLIAMS, M.D., of Cincinnati.

In my last letter I gave you an account of an operation for obliterating the vagina, resorted to in consequence of an incurable vesico-vagino-rectal fistula. By the extensive destruction of the soft parts the rectum was made to terminate directly in the vagina, and the whole mass of fecal matter and urine issued constantly and involuntarily through the vagina, giving rise to the most loathsome infirmity of which it is possible to imagine. The result of the tentative was unsuccessful, because, perhaps, of the height of the fistulous communication between the rectum and the vagina. The feces collected in the latter canal, and not being able to mount up and pass through into the rectum, forced it open, and prevented the union of the sides of its outlet. M. Maisonneuve has since divided that partition so as to make as free a connection between these two canals as possible, *near their outlet*, but the patient, not willing to submit again to the original operation, has left the hospital.

Operation for Cataract.—There still exists a great difference of opinion among French surgeons in regard to the superiority of the different methods of operating for cataract. M. Velpeau depresses almost exclusively, while the venerable, learned, and *eccentric* Roux is equally partial to extraction. The majority, I believe, however, are in favor of extracting as the method most generally applicable. I have seen this latter operation a number of times, and it has proven successful in most instances. Statistics prove clearly that the number of patients who recover *their sight* after extraction is greater than after depression of the lens. Both procedures are attended, sometimes, by serious inconveniences, as is every opera-

tion in surgery, however trifling in appearance. As forcibly expressed by M. Velpeau, the most insignificant cut or puncture is a door open to death. Puncture the schlerotic, depress the opaque lens, and you will frequently see intense, deep-seated inflammation arise, leading, it may be, to suppuration and complete destruction of the eye. After this simple operation, also, the patient sometimes suffers with excruciating neuralgic pains in the eye and head, which continue for months, years, and even for life. Whether this is produced by the irritation excited by the dislocated lens, or by the puncturing of the anterior part of the retina, which is inevitable in this operation, I do not know, but the fact of the occurrence of these consequences no one disputes. Serious inflammatory action follows by no means as frequently extraction as depression, but when it *does occur*, the eye is almost inevitably lost, and great deformity is the result. If the object is more especially to remove deformity, depression is certainly preferable. M. Nélaton, whom I consider the most prudent and conscientious surgeon in Paris, and who has written an admirable monograph on the comparative merits of the different modes of operating for cataract, is not very partial to either of the above operations, although he greatly prefers extraction.

In cases of *soft cataract*, when the design is to restore sight as well as remedy deformity, there is a simple procedure which, in my opinion, is preferable to all others. I refer to the method of Dr. Ware, of England, which, you know, consists in introducing a fine needle through the corner, and simply lacerating the anterior portion of the capsule of the lens, so as to subject it to the absorbing power of the aqueous humor, without dislocating it at all. Dr. W. uses a very small needle, flattened and sharp, as the cataract needle. I have seen M. Nélaton perform this operation twice — both times with success. He has modified the instrument of Dr. Ware, by slightly curving

the point, so as to make it act like a hook, and prevent the cutting edge being pushed into the lens so far as to pass the capsule. He dilates the pupil with belladonna, and then introduces the needle through the cornea at about one millimètre from its edge, and simply cuts or lacerates the capsule in two or three different directions. The aqueous humor thus introduced, the lens swells, and a portion of it, in a few days, protrudes through the laceration in the capsule, and finally, after several weeks, is completely absorbed.

This operation is exceedingly simple; is rarely, if ever, followed by any serious inflammation, and, if it fail, the eye is not *destroyed*, so that you may still have recourse to depression or extraction.

One of the cases which I saw was a man 39 years of age, and in whom the cataract was of 13 years standing. The operation required but a few seconds, produced very little pain, and was not followed by the slightest inflammatory action. This was on the 13th April. In a few days there was hernia of the lens through the capsule, and in two weeks it was so much reduced in size as to escape and fall into the anterior chamber of the eye, where it remained without any inconvenience till it was completely removed by absorption. The patient left the hospital on the 2d May.

Since that time M. Nélaton has tried the same method on a boy 8 years of age. The lens still remains in the capsule, but is being absorbed; is already divided into two fragments, between which the eye is transparent.

Recently, at the hospital of the Faculty, I have observed two cases of accidental *wounds* of the crystalline, which beautifully illustrate the steps which nature takes in destroying the lens in this operation. In one, a blacksmith, the wound was produced by a scale of iron which flew into his eye, cut through the cornea, and lacerated the capsule of the lens, which, in a few weeks, underwent

the same process of hernia and complete absorption. In the other, the accident resulted from the explosion of a percussion cap. Absorption has since diminished the size of the crystalline, separated it into three portions, of which one has escaped into the anterior chamber, and the other two remain in the capsule. Between, and on each side, of these fragments the eye is transparent. It was an accidental wound of the cornea and lens, I believe, followed by the same consequences, which first suggested this operation to Dr. Ware. In instances of traumatic cataract, reported by authors, in which the lens is said to have become *again transparent*, there was, perhaps, *wound* of the *capsule*, and *complete absorption of the crystalline*. Sight is restored, not from the returning transparency, but the entire disparition of the lens. M. Nélaton thinks that this body, once opaque, never regains its transparency.

Foreign Body in the Orbit of the Eye. — While on the subject of the eye, allow me to give you an account of a remarkable case of foreign body in the orbit.

A man, aged 30, was struck in the eye three years ago with the *handle of an umbrella*, and rendered for some minutes, unconscious from the force of the blow. He affirms positively that he saw distinctly the shaft of the umbrella, mounted by an *ivory handle*, after the accident, and it was *not broken or shivered in the slightest degree*. He was examined by a surgeon, who found considerable contusion, and a wound at the inferior internal part of the orbit, but suspected nothing else. The acute inflammation, swelling and ecchymosis disappeared after a few days, still the wound did not completely heal, and he suffered severe pain round the orbit, and in the corresponding temple. Six months afterwards, the fistula and circumorbital pains continuing, he applied to the celebrated occulist, M. Desmarres, who sounded carefully the

fistula and felt a hard substance at the bottom of it, which he supposed to be either a sequestrum of bone or a foreign body. He enlarged the fistula with a bistory, and tried to extract it, but without success. Some eighteen months after this tentative, he again applied to the same surgeon, who made a free incision in the direction of the fistula, and seized the hard body with a pair of forceps, but they slipped at each application, and brought away in the jaws a little crushed bony substance. He afterwards consulted several surgeons and physicians, who considered it *fistula lachrymalis*. On the 13th June, 1853, over three years after the accident, he entered the hospital. At first view, the man presented all the appearances of fistula lachrymalis, but, on close examination, M. Nélaton found that the lachrymal canals and nasal duct were perfectly free from obstruction. There remained a slight cicatrix and a small fistulous opening at the inferior and internal part of the orbit, *external*, however, to the lachrymal sac. On passing a probe into the fistula, it was found to extend into the orbit, backwards and inwards, and at the bottom was felt a very hard, smooth body, which gave the sensation of denuded bone. Influenced somewhat by the patient's positive declaration that he saw the ivory-mounted umbrella handle after the accident, entire, M. Nélaton concluded that it must be an *undetached* or else an *impacted* sequestrum. In order to remove it, he passed a grooved director to the bottom of the fistula, and made a free incision with a bistory. Then with a pair of forceps he seized and extracted the *entire ivory handle* of an umbrella, *two inches in length* and *three-quarters of an inch in diameter*, to the perfect astonishment of *surgeon, patient*, and all the bystanders. After the extraction of the foreign body, the patient, by blowing the nose, could make the air pass out through the opening, showing that the end of the handle had broken through the thin internal wall of the orbit into the nostril.

Previous to the operation the patient was *unable to see a particle* with the eye, although he could distinguish light from darkness. The eye-ball was a little prominent, and there was *external strabismus*, so that he could not turn the eye inwards beyond the median line. In all other directions the ball moved with perfect freedom.

The operation was performed June 13, and the slight inflammation which resulted, soon disappeared. On the 20th he could move the eye-ball freely in all directions, and began to distinguish objects. The 26th he left the hospital cured, with the *sight perfectly restored.* There are several exceedingly interesting points connected with this case —

1st. It is a warning to the surgeon not to rely with too much confidence upon the assertions and opinions of the patient, in a wound of the orbit or in any other part, and where there is room to suspect the existence of a foreign body. This man affirmed, positively and repeatedly, that he *saw* the *shaft* with its *ivory handle, after the accident,* and yet it was *all in the eye!*

A few weeks ago I saw a case at Hospital Cochin, which bears upon this same point. The man said he received a blow in the cheek from a *sabre* during the revolution of 1848, and that there had, ever since, remained a fistula. Just at the lower edge of the malar bone, and at its anterior part, was a deep depression, with a fistula in the centre, producing great deformity. At this point, also, there was firm adhesion of the soft parts of the cheek to the superior maxillary bone. In dissecting up the adhesion, M. Maisonneuve found *three flattened musket balls, of large size,* lodged against the bone. From a mistaken diagnosis, based on the patient's word, that the wound was produced by a *sabre,* an eminent surgeon had, at different times, extracted several of his teeth, on the supposition that the fistula was kept up by a carious fang.

2nd. Considering the size of the foreign body it is remarkable how little *external deformity* it produced, and the very slight derangement of the *movements* of the eyeball.

3d. The recovery of the sight after the great and protracted pressure to which the globe of the eye must have been subjected. I took the ivory handle, after the operation, and introduced it into the orbit of an adult skeleton. The posterior end *filled completely* the bottom, while the length corresponded exactly to the depth of that cavity. Although the posterior extremity of the body had broken into the nasal cavity, still there must have been, necessarily, severe compression of the retina and optic nerve, as manifested by the temporary but complete loss of vision.

Traumatic Stricture of the Urethra, with Formation of an Immense Number of Calculi. A man, aged 48, received a gun-shot wound in Portugal, in 1832. The ball entered at the upper and internal part of the left thigh, at its junction with the perineum, passed through the perineum, grazed the ramus of the pelvis and ischium, and escaped on the outside of the *right* nates—injuring, in its course, the urethra and rectum. When his consciousness returned, eight days after the accident, he discovered that the urine passed out at the openings of entrance and of exit of the ball, as well as by the anus; none at all escaped by the urethra. It was only at the end of four or five months that the urine began to flow with any freedom through the natural channel, and gas from the rectum frequently issued by the same canal. About this time a splinter of bone escaped by the opening of entrance.

From thence forward the fistulous tracks ceased to give passage to the urine and gradually healed, but the stream of urine has, ever since, been small and spiral, and he has experienced pain in the perineum, and

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From thence forward the fistulous tracks ceased to give passage to the urine and gradually healed, but the stream of urine has, ever since, been small and spiral, and he has experienced pain in the perineum, and

difficulty in evacuating the bladder. About four months ago his sufferings became greatly aggravated, and the obstruction to the passage of urine since becoming very great he entered the hospital on the 12th of July.

At that time the cicatrices at the points of entrance and of exit of the ball were not very manifest. There was considerable narrowing of the anus, but still the finger could be made to enter, and felt a depression, surrounded by indurated tissue, low down in the anterior wall of the rectum; and at the bottom of this depression was a little eminence which, when pressed upon, was recognized as the urethra. Coats of the rectum in other parts normal; prostate very small. The patient suffers intensely on attempting to evacuate the bladder, and cannot urinate at all when standing. He places himself on his hands and knees, and presses firmly, with his hand, the left hypogastric region, and then, only, the urine, mixed with blood and muco-pus, issues by small interrupted jets and drops. Examined with a bougie, a firm stricture was recognized at the seat of the little depression in the rectum. The smallest sized bougie was then passed into the bladder, without very great difficulty, and was felt to grate against some hard substance at the neck of that organ. The following morning all attempts to introduce the finest bougie failed, and yet he could urinate still. The pain and irritation of the bladder, with the discharge of blood and muco-pus with the urine, indicated cystitis, whether simple or complicated with a fragment of bone detached from the pelvis and lodged in the bladder, or more probably stone, which gave rise to the grating sensation, it was impossible to determine. The first indication of course was to dilate the stricture so as to admit the free exploration of the bladder. On the next day still being unable to introduce a fine bougie, M. Nélaton took a strong eight-ounce syringe, charged with *olive oil*, passed the nozzle far into the urethra, which he held firmly around it, and

pushed in the injection slowly but with considerable force. Immediately after this the bougie entered without difficulty. Several times afterwards, failing to introduce the catheter, I saw him resort to the same manœuvre with the same success. In many cases this *forced oil injection* acts admirably.

The stricture was rapidly dilated by the method of Beniqué, which consists of 36 solid metallic bougies graduated on a scale of from 1⅓ to 5 lines in diameter. Each day, at one sitting, as many of these as can be borne by the patient are introduced in rapid succession, beginning always with the highest number introduced the previous session.

On the 25th inst., a medium-sized catheter readily passed, and was felt to rub against a great number of small calculi, of which he discharged twenty-five the same evening. Since then there have escaped with the urine from fifty to sixty of these little *smooth* gravel each day, amounting in all to several hundred.

The important points in this case are, the traumatic origin of the stricture (the most intractable class of all, I believe), its long standing (twenty-one years), and the readiness with which it yielded to this method of dilatation, the immediate success of the forced oil injections in enabling the surgeon to pass the bougie, the length of time during which the urine was discharged through the rectum without inconvenience, the peculiar position assumed by the patient in order to urinate, and the immense number of calculi that formed behind the stricture.

Stone in the Bladder—Operation through the Rectum. A man, aged 50, while enjoying robust health, fifteen years ago, began to remark gravel in his urine. Since that period he has, from time to time, discharged immense quantities of small calculi, but continued to labor as usual. Some eighteen months ago the emission of gravel *ceased*,

and symptoms of vesical irritation commenced, followed at length by several attacks of hematuria and the constant discharge of muco-pus with the urine. At the time of entering the hospital he suffered severe pain in the hypogastric region, and in the perineum, with urgent desire to pass his urine every fifteen or twenty minutes. On introducing the catheter all that part of the urethra in front of the prostate was found considerably contracted, but there was no stricture. Immediately at the commencement of the prostatic portion of this canal the sound encountered a calculus. Pushed farther on, it seemed to pass through several calculi or fragments, and was suddenly arrested, on entering the bladder by a large stone. Touched by the anus, the prostate is felt very large, projecting into the rectum, and by pressing gently upon it with the finger the calculi were made to move and rub upon each other. There was evidently great dilatation of the prostatic portion of the urethra, by a collection in it of calculi, and the intervening wall between them and the rectum was very thin. The cavity of the bladder was very much contracted, and closely applied around the large stone, which it also contained.

The projection of this prostatic pouch into the rectum, and the thinness of its walls, induced M. Nélaton to resort to an operation suggested and practiced for the first time, at least in France, by the bold surgeon of hospital Cochin, M. Maissonneuve. It is, in fact, the bilateral operation performed through the rectum in respecting the sphincter ani. The anus having been previously largely dilated (in consequence of the proverbial *amativeness* of Frenchmen, the surgeon in Paris is often saved the trouble of *this preliminary measure*), and a grooved sound introduced into the bladder, Mons. N. inserted his finger into the rectum and, feeling for the groove in the staff, made an incision, about one centimètre in length, into the membranous portion of the urethra, just in front of the prostate.

Through this incision he passed the double lithotome caché of Dupuytren into the bladder, opened and withdrew it, so as to cut the *prostate exactly as it is divided in the bilateral operation through the perineum.* With a pair of forceps he readily removed a stone larger considerably than the largest hen's egg, and afterwards, with the fingers, extracted three bulky fragments, one of which, from its size and shape, seemed to be a scale that had separated spontaneously from the large calculus; the other two, when applied together, making a separate stone, which had been formed in the prostatic portion of the urethra. The operation was performed with much expedition, and Mons. N. remarked that he could, with great facility, explore the whole cavity of the bladder with the finger.

In some instances in which this method has been adopted there remained vesico-rectal fistula, which required a second operation. The extent and gravity of the wound is certainly much less than in the ordinary procedure of cutting through the perineum, and I imagine that in cases similar to the above it is decidedly preferable.

This patient was operated upon the 25th inst., and up to the present time no serious symptoms have arisen. He lost but very little blood in the operation, and no vessel was tied. The bowels have been evacuated several times since without difficulty; the urine passes in part through the rectum, and in part through the urethra. I shall watch the progress and final result of this case, and let you know at some future time. This morning he has no appetite, and his expression is not quite so favorable, so that it is very possible he may die, not from the grave character of the operation, but in consequence of the unwholesome atmosphere of the hospital. The fatality after operations in the Parisian hospitals is very great,

notwithstanding the extreme cleanliness which prevails in all the wards.

Hypogastric Operation for Stone. A few months since I saw M. Nélaton perform the hypogastric operation for a stone in the bladder, which he thought was too large to be extracted through the perineum. The patient, as you are prepared to hear, died thirty-six hours after the operation, of urinary infiltration, as happens in the immense majority of such cases. M. Vidal de Cassis some years ago proposed the idea of cutting through the abdominal parieties till you arrive at the bladder, and then inserting a harpie in the wound, so as to produce inflammation and obliteration of the loose cellular tissue between the posterior surface of the pubes and this organ, and puncturing the bladder and extracting the stone some days afterwards. The liability to infiltration is certainly not so great in this procedure. It has been tried, I think, in four cases—two died and two recovered. With my present views of the matter, if I had to deal with a case of a similar kind, I should attempt to remove it through the perineum, even if I had to pass the limits of the prostate, and cut freely the bas fond of the bladder, or, what would be better, to crush the stone previous to extracting it. According to Malgaigne, the danger of *completely dividing the prostate* is not so great as has been represented.

Stricture of the Rectum — probably Congenital. A woman, aged about 22, entered the hospital June 4th, for an affection of the rectum. She states that she was operated upon two years ago for fistula in ano, the result of a small abscess which had formed and opened spontaneously near the verge of the anus, and from which she suffered but very little. Previously to the formation of this abscess she had suffered frequently from constipation of the bowels. Shortly after the operation for fistula, she

began to experience pain in evacuating the bowels, and obstinate constipation, going sometimes nine or ten days without a stool, and was then relieved of immense quantities of fecal matter by an attack of diarrhea. The pain and difficulty in discharging the feces gradually increased till she at length suffered extreme torture, and entered the hospital for surgical aid — the calibre of the matters passed not being larger than a common goose quill. On inspection—and French surgeons are fond of *inspecting* these parts—the anus was entirely natural. The finger, however, introduced into the rectum encountered, at the height of about two inches, an obstacle — a species of diaphragm with a small opening in the center, not large enough to admit the point of the index finger. This valvular stricture was thin, supple, smooth, and easily pushed up, to a certain extent, with the finger. The walls of the rectum around it were soft, pliant, and, in all respects, normal.

M. Nélaton introduced a probe-pointed bistory, guided by the finger, passed it through the opening, and divided the stricture in several directions. Then he was able to pass the finger readily through it, but instead of finding the rectum dilated above, as he expected, it was very much contracted, and on pushing farther up he detected another stricture precisely of the same kind, which he incised in the same way. He then introduced the ordinary dilating "mèche," and continued it for several weeks. After this little operation the patient had no more difficulty in evacuating the bowels and is now cured.

In regard to the cause of this stricture I am inclined to consider it *congenital.* M. Coste, in his work on Embryology, describes the alimentary canal as originally developed in three separate parts—the esophagus and stomach forming the first, the small intestine the second, and the large intestine the third portion which terminates at the inferior part of the rectum in a "cul de sac." The anus

is formed separately in the form of a sac with the closed end above. The bottoms of these blind sacs being applied together, the partition is removed by absorption, and the anus thus becomes continuous with the intestinal canal. If these intervening membranes are completely absorbed the parts are entirely natural; on the contrary, if not removed at all, there is congenital occlusion of the rectum. At all intermediate points there exist the different grades of congenital stricture.

In some places these cul de sacs are placed at some distance from each other, and are found closed at birth, and only connected by a fibrous cord, which extends between them in the situation of the absent rectum. In others they approach nearer together, each one is perforated by a small opening, and these are connected by a small hollow cylinder, so that there are two valvular strictures, and an intervening narrowed canal. This was exactly the condition of the parts in the patient above described. I see no other plausible reason to account for it, if it be not a congenital vice of formation. The very slight inflammation which preceded the small abscess and fistula from which she dates her affection, was certainly not extensive enough to have altered the structure of the rectum, and produced such a stricture. The coats of the rectum around the stricture has not that hard and fibrous feel which would certainly have been produced by an inflammation and ulceration sufficient to have led to such an organic contraction of the canal; besides, these causes do not give rise to the *kind* of stricture which existed in this case. As she had suffered from constipation for a long time previous to the appearance of the abscess and fistula in ano, it is probable that this was a mere *coincidence*, or perhaps a *consequence*, of the stricture, instead of its cause.

There are other cases of congenital stricture of the rectum which depend probably upon an exaggerated

development of the circular folds of mucous membrane in the upper part of this organ called valves of Houston. The same is true of the prominent fold containing a few muscular fibres at the point of union of the sigmoid flexure with the rectum. In 1833, Mr. O'Bierne, of Dublin, described this fold and called it the superior sphincter, and even attributed to it the most important part in the retention of the feces. He transferred the functions of the internal sphincter to his imaginary superior sphincter, and wished to make the *rectum a mere anus*. Although he exaggerated the importance of this fold, still it frequently exists in a marked degree, and may then be the seat and starting point of stricture. But if the contraction of the intestine in the above case was congenital, why is it that she did not suffer much till adult age? During early life the feces are generally thin and soft, and the patient goes often to stool; hence he does not suffer much till the age when the stricture begins to be irritated and inflamed by large masses of indurated fecal matter. There is generally, it is true, some difficulty in evacuating the bowels from early life in such cases, which becomes more troublesome as the irritating causes of indurated feces, etc., are superadded with age. In a work written on this subject, by Bouisson of Montpelier, he cites a case from Boyer of congenital stricture of the anus. The patient, from infancy, had experienced trouble in passing his stools. With age the difficulty increased, and the man was treated by different surgeons for a variety of affections. At the age of twenty he came to Paris, to consult Boyer, who diagnosed it stricture of the anus, made two lateral incisions, introduced the mèche, and the patient was soon cured. M. Bouisson reports, also, a case that occurred in his own practice, in 1847. It was a woman, 40 years of age, who complained of great pain in going to stool, and obstinate costiveness, alternating every 8 or 14 days with profuse diarrhea. She had

suffered slightly from her childhood with pain in evacuating the bowels, but this had become greatly aggravated in the last ten years. The anus was natural, but at the height of two or two and a half inches was felt a thin, supple, smooth membrane, extending across the rectum, with a very small perforation in the center, the edges of which were very rigid. He operated upon the woman, and cured her in a few weeks. I am inclined to think that this variety of stricture of the rectum is not very rare, and that many cases of intractable constipation of the bowels may depend upon this same congenital deformity.

New Method in Fractures.—A new method of applying an immovable apparatus in cases of fracture, etc., has lately been brought into notice in Paris, and as I have seen it used several times, I consider it worth mentioning and trying. The bandage of Scultetus is prepared and wet slightly with water; a portion of plaster of Paris, baked in an oven so as to have all its moisture expelled, is then sprinkled upon each strip, which is instantly applied. In a few seconds after the bandage is thus put on, it is perfectly dry and solid. The advantage of this apparatus is, that it dries almost instantly, so that it is not necessary to keep up extension and counter-extension for any length of time, and there is not the same risk of shortening of the limb before the bandage is solidified. To prevent irritation of the skin the limb should be enveloped in a roller before the plaster bandage is applied.

Ricord's Operation for Varicocele.—During my attendance, for the last three months, at the visits and fascinating lectures of M. Ricord, at *l'Hopital du Midi*, I have seen him apply, a number of times, his method of ligaturing the veins in varicocele; and watched with care

the progress and results. He employs two needles, one sharp and the other blunt-pointed, and two strong silk ligatures. Each ligature is doubled, so as to make a loop at one extremity, and the other, formed by the two ends of the ligature, is passed a short distance through the eye of the needle. He takes hold of the scrotum with his left hand, and carefully separates the bundle of vessels from the vas deferens, and, with the right he pierces with the sharp needle the integuments, and draws the ligature through *behind* the vessels. Next he enters the blunt needle at the *point of exit* of the first, and passes it in *front* of the veins and out at the point of *entrance* of the first.

There is then, upon each side, a *loop* and the two *ends* of the doubled ligatures; these ends are passed through the loops and drawn in opposite directions, and the vessels are thus strangulated at once. It is entirely a subcutaneous ligature and, when drawn up, presents the appearance of a simple small seton passed through the scrotum. For the first two or three days the ends of the ligatures are only drawn sufficiently to strangulate very slightly, the veins and the parts in that time become somewhat accustomed to the foreign substance. Then by means of a small grooved apparatus, which he has made for the purpose, he tightens the ligatures from day to day, by a slight turn of a small screw.

The patient is kept quietly on his back, and at the end of three weeks, or four at most, the bundle of vessels are cut, and the ligatures then drawn readily through. There is little or no inflammation, the patient hardly suffers at all, and at the end of three weeks is well. It is the simplest operation imaginable, and, according to M. Ricord's experience in several hundred cases, when all the veins are carefully included in the ligature, *never fails* to produce a radical cure. On examining the patient

three or six months after the operation you cannot tell that he has ever been operated upon. I deem it more efficacious, and infinitely less dangerous, than any of the ordinary methods.

The so-called purulent absorption and the formation of metastatic abscesses is extremely common after wounds and operations in the different hospitals of Paris. Recently, the tincture of iodine, and especially the *perchloride of iron*, have been vaunted as useful in preventing this absorption, when applied to the suppurating wound or cavity. M. Nélaton thinks that, out of hundreds of cases of this accident, he has *cured* three well-marked ones by large and repeated doses of *tincture of aconite*.

Paris, July, 1853.

Art. III.—*A Case in which Labor was Retarded by a Large Tumor on the Nates of the Fetus.* By John Bartlett, M.D., one of the Physicians to the Louisville Marine Hospital.

A. B., six months advanced in pregnancy, had been in labor since three o'clock, A.M. I saw her at nine. Os uteri as large as the palm of the hand; head presenting; every thing favorable. The labor advanced slowly. I ruptured the membranes when the os was fully dilated. The perineum was very gradually put on the stretch, and it was twelve o'clock before the head was born. The patient had six violent pains more, without the slightest advance of the child. I brought down the arms and made gentle traction to but little purpose. Afterwards, finding the cord tense, and thinking this might be the cause of delay, I delivered the legs, in doing which I detected a tumor growing from the buttock. The next pain, with my aid, expelled it.

Fetus and Tumor.—The fetus sits upon the tumor, which is three times as large as the head, round, and measures about thirteen inches in circumference. Its surface is every where smooth, and in front and on the sides plain; behind it is nodulated. It is of a dark red color. The vulva is fully formed, and one half inch below, on the anterior surface of the tumor, is the anus, two and one half lines in diameter. The fetus has the appearance of a child sitting on a ten-pin ball.

The tumor looked very much as if it might be another fetus and placenta wrapped in membranes. On making an incision into it, some dark thin blood escaped. The bulk of the tumor consisted of a substance resembling crassamentum. The softer portions seemed to be held together by bands of red fibres running in various directions. Imbedded in the tumor were three or four masses of white, brain-like substance, about the consistence and color of the corresponding matter in the encephaloid. These white portions were an inch or two in diameter, irregular in shape, and emitted, on being opened, a grayish, frothy fluid, like scrofulous pus. The contents of the tumor were readily separable from the outer covering; they might have been turned out and the cyst retained entire.

After the evacuation of the fluids the tumor diminished one-third in size. No other malformation or appearance of disease was noticeable. The abdominal organs were normal.

Placenta.—The placenta was large and white, and so soft as almost to fall to pieces. When placed on its fetal surface its cotyledons fell apart. It had evidently been macerated several days. There was an extraordinary quantity of liquor amnii, clear and not offensive. A pint of semi-coagulated blood escaped upon the

extraction of the fetus. No flooding or other difficulty followed the labor.

History of the Patient.—The patient, 26 years of age, has always been healthy. She has had one child, which is well formed. She has been much less comfortable in this pregnancy than in her first. Her labor came on on Thursday; on the Saturday previous she complained of nausea, with pain in the back and limbs, and slight fever. These symptoms continued up to the time of her confinement. In this, as in her former pregnancy, she has had chills several times. She can assign no cause for her miscarriage. About two months before, she slipped off of a wood-pile and, as she says, hurt herself "a little."

September 10, 1853.

Art. IV.—*Dysentevy, and Retroversion of the Uterus Considered as an Effect of the same cause.* By R. R. Gresham, M.D., of Ebenezer, Mississippi.

We had in 1852, in Latitude 32½° North, in Mississippi, dysentery, complicated and uncomplicated, which was referred to a peculiar malarious influence exercised over the systems of men, women, and children in this climate. But why it is that this epidemic spends its force upon the lower bowels we are unable to say, but that such is the fact is well known to every observing practitioner.

Whether the cause of this inflammatory action can remain latent in the system any length of time, and bring its influence to bear upon other organs through sympathy, is what we wish to inquire after now. The circumstances of a number of cases that came under my

observation the past season, leads me to the conclusion that such may be the case. I have seen a number of cases of retroversio uteri occurring this season, which seemed connected with, or dependent upon, an irritation of pelvic viscera. And often have I witnessed cases of retroversion relieved apparently, followed by an inflammation of the lower portion of the alimentary canal, and an effort to throw off its contents.

The peculiar tendency of the uterine system to relieve itself of its burthen this season, has led to the foregoing remarks. And in reference to what I have already said, I believe, from observations made by myself, that we may have cases of retroversion dependent upon the same epidemic cause, not connected with, or followed by, inflammation of the bowels, for in 1852 we did not see any strong tendency of the uterus to relieve itself of its contents, while this year there is a strong tendency more or less on the part of the uterus to throw off its contents, which is owing to some unknown influence directed to the lower portion of the abdominal viscera. In eleven out of fourteen cases of observation, there was a tendency on the part of the uterus to abort, before any symptoms of dysentery were visible. All were cases of a retroversion, the result of a relaxed condition of the ligaments that support the uterus. After conferring with two of my seniors in the profession as to the nature of this disease, I have come to the conclusion that it is the effect of the same cause that produces dysentery or flux in this latitude, whether it occurs with or without irritation of the bowels.

But why was not a majority of similar cases last year attended with like results? or was it because the treatment was more palliative than it had been heretofore?

The only difference in my practice was a resort to cold applications externally, and enemas of cold water inter-

extraction of the fetus. No flooding or other difficulty followed the labor.

History of the Patient.—The patient, 26 years of age, has always been healthy. She has had one child, which is well formed. She has been much less comfortable in this pregnancy than in her first. Her labor came on on Thursday; on the Saturday previous she complained of nausea, with pain in the back and limbs, and slight fever. These symptoms continued up to the time of her confinement. In this, as in her former pregnancy, she has had chills several times. She can assign no cause for her miscarriage. About two months before, she slipped off of a wood-pile and, as she says, hurt herself "a little."

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But why was not a majority of similar cases last year attended with like results? or was it because the treatment was more palliative than it had been heretofore?

The only difference in my practice was a resort to cold applications externally, and enemas of cold water inter-

nally, in the place of blistering, and the various astringents.

It may be thought I am taking a half-way position between Allopathy and Hydropathy, as I on a former occasion eulogized the efficacy of cold water, but the phenomena and effect of the disease referred to, and the therapeutic application of cold water considered, has made it one of the most successful remedies in my hands.

If I succeed in calling the attention of some one to this subject, to make a further investigation, I shall have done all I designed in this communication.

September 5, 1853.

Art. V.—*Red Sulphur Spring of Macon County, Tennessee — Its Medical Virtues.* Communicated in a Letter to Dr. Yandell. By Archibald M. Debow, M.D., of Hartsville, Tenn.

Dear Sir: About a year ago, I wrote to you, giving some account of a mineral spring in Macon county, of this State, known by the name of the Red Sulphur Spring. This spring has been much resorted to by the invalid during the present year, as also by those seeking pleasure and retirement.

The character which I felt authorized to give this spring in my communication to you has been fully sustained this season, and I have no hesitation in renewing my expression of confidence in the medicinal virtues of the water as then expressed.

I am glad, however, to have it in my power to speak of another, in the same county, possessing all the properties of the Red Sulphur Spring, and what might be considered an additional advantage, namely, that there

breaks out within a few yards of it an excellent Chalybeate Spring, said by those capable of judging correctly, to be equal to the water of the Bon Air or Beersheba of the Mountain District. That this spring is strongly impregnated with iron I suppose there is no doubt, from the experiments that have been made by scientific gentlemen.

In addition, too, to the two springs — the Red Sulphur and Chalybeate — breaking out in close proximity to each other, being not more than twenty or thirty steps apart, there are two other springs in the same flat, each possessing mineral properties different somewhat from the two above named, and not more than eighty yards the extreme distance from one to either of the others. These last springs have not been analyzed, and I cannot say what may be their precise properties, though I am well satisfied they are each different the one from the other, though each and all of them may, to some extent, exhibit the same properties upon strict analysis.

I have this summer visited this watering place, known by the name of Epperson Springs, and feel no hesitation in recommending it to all such as may be afflicted with disease of the kidneys, and bladder; particularly those suffering with gravel or stone. And not only those, but persons afflicted with enlargement of the spleen, liver, or those troubled with general derangement of the digestive organs.

While the Red Sulphur water possesses active diuretic properties, and promises much in cases of dropsy, either partial or general, as cases could be given to prove, the Chalybeate is close at hand to be resorted to in due time as a tonic, and for those many forms of female disease to which tonics are so admirably adapted.

I have resorted to the same means to ascertain the solvent properties of the Epperson Spring water that I

did with the Red Sulphur spring water of which I wrote you a year ago, and find both to possess the same virtues; and here I feel authorized to say that as regards the Red Sulphur springs at both places, they are alike and capable of producing the same good effects in similar cases.

The Epperson Springs are situated in the Northwestern corner of Macon county, some ten miles from the Kentucky line, on the waters of the Big Trammel Creek, about four miles from the turnpike leading from Scottsville, Ky., to Gallatin and Nashville, in a romantic and healthy section of country, surrounded by an industrious and enterprising people. The place was orignally known as Will's Lick, a place of great resort for deer before the country became settled.

This is the first season these Springs have been opened for visitors, and such have been the benefits resulting that other and more extensive accommodations have become necessary, which will be provided during the winter and next spring, so that by the opening of the next watering season all can be made comfortable who may desire to sojourn there for a time.

My conviction is, that both the springs referred to in my former letter, and those just opened, promise great benefit to invalids, and it is in this persuasion that I have written these notices of them.

September 17, 1853.

In the communication above referred to by Dr. Debow, (September No., 1852,) he expressed the belief that the water of the Red Sulphur Spring, under consideration, "causes those afflicted with gravel or stone to throw off quantities of detritus; so that though suffering intensely at the time of visiting the spring, they have in

a few weeks left it either entirely cured, or very greatly relieved." He stated that of some seventeen persons laboring under calculous symptoms who resorted to the spring a year ago, there was not one who was not materially benefited by a sojourn of a few weeks. He gave the results of some rude experiments undertaken to test the solvent powers of the water when applied to urinary calculi out of the body. He says: "About the first of July last I deposited in a six-ounce vial two small stones—one of the magnesian phosphate, the other of the oxalate of lime variety. I submitted both of them to the same treatment, to see what, if any, effect would in course of time be wrought upon them. Fresh water was supplied every morning, and no friction employed except such as would necessarily arise from pouring in and out the water. In thirty-five days the magnesian phosphate was entirely dissolved; and in sixty-one days the oxalate was reduced to a fine powder. A similar result was had last year."

It is due to the author of these communications to state, that he is a physician of experience and eminence, and has had no inconsiderable practice in surgery. He has operated several times successfully for stone in the bladder. We have the utmost confidence in his candor, and would not suspect him of being easily carried away by enthusiasm. Nevertheless, while we have felt it proper to publish his account of these springs, we are constrained to say that we cannot help distrusting their lithontriptic powers, well attested as they would seem to be. We know that our friend, Dr. Debow, is fully persuded of their reality, but we all know how often practitioners have been deceived about the efficacy of new remedies. More time is required to establish the claims of these waters to such wonderful virtues than has yet expired. That patients troubled with calculous

affections have been benefited by them there can be no question, and this is enough to recommend them to the valitudinary; but that they have the power to dissolve calculi in the bladder, after passing through the system, is a thing so improbable that before we can receive it we must insist upon further time and a more extended experience.

The springs, we have every reason to believe, are excellent, and, in justice to Dr. Debow, we ought to add that he has no pecuniary interest in them. We hope the proprietors will have an authoritative analysis of them made and published.—[Eds. West. Jour. Med.]

REVIEWS.

ART. VI.—*Fracture Tables.* By FRANK H. HAMILTON, A.M., M.D., Professor of Surgery in the University of Buffalo, and Surgeon to the Buffalo Hospital of the Sisters of Charity; with a Supplement, compiled from Dr. HAMILTON'S Notes, by JOHN BOARDMAN, A. B.; Comprising in all an Analysis of 461 Cases of Fractures. Buffalo: Printed by Jewett, Thomas & Co., 1853. 8vo., pp. 36.

This is the second edition of these instructive Tables, which are much enlarged by the addition of a Supplement. The facts which they embody are highly important in a practical point of view, and though the conclusion to which they seem to bring us in regard to the results of fractures is not one flattering to our professional pride, still it ought to be known. It is time we had determined how much and how little can be done by our art in the restoration of fractured bones. If the public have expected too much of the surgeon, and if the surgeon has been betrayed into promising too much, it is time that all parties were aware of the fact. Suits for malpractice, arising out of the treatment of broken limbs, occur almost every month in the year and every where in our country. Practitioners of experience and of unquestioned honesty are testifying constantly to having treated

ten, twenty, or more, broken legs or thighs, without the occurrence of shortening, or any other deformity or accident. Do they testify to the truth, or have they deceived themselves? Is such perfection, in the management of such casualities, attainable? Statistics give an unfavorable answer. These "Tables" testify that perfect restoration after such accidents is rare. Practitioners deceive themselves; they do not measure the broken limbs after recovery, or perhaps lose sight of their patients before they are considered entirely well, and congratulate themselves on their success when a limping gait tells to some other community quite another story. It is not pleasant to believe this. We wish we could feel some assurance that surgical art had attained to something like perfection in this department, but we owe it to ourselves not to deceive ourselves. If we profess too much, we can expect nothing else but to be prosecuted by our patients when we fail to restore their limbs in their full integrity. When we hear a surgeon claiming to have compassed perfect success by a particular form of instruments, or by dispensing with all instruments, we confess we cannot avoid a suspicion that he is deceiving himself. His process loses its efficacy when tried by other hands. There is but one infallible test in all these cases — let the limbs be measured, and let us have the statistics.

Dr. Hamilton has rendered an important service to the profession by this analysis. We shall learn where we stand by such a procedure, and shall be made to feel the necessity of yet further improvement in this branch of our art. As the result of his researches on this subject, Dr. H. believes that in fifty cases of fracture of the lower extremities, forty, at least, will be found more or less bent or shortened.

In fourteen cases of fracture of the *Humerus*, the results were: in one, elbow stiff; in another, arm much bent at seat of fracture, inner half of arm and two fingers

numb, power of arm much impaired; in a third, arm slightly bent, and not as strong as the other; in a fourth, external condyle displaced, and joint rather stiff; in a fifth, elbow anchylosed; in a sixth, muscles wasted, arm cannot be perfectly straightened, grating between the articular surfaces; in the seventh, the arm was bent slightly inward; and in two others, there were imperfections more or less serious; making nine out of fourteen.

Fractures of the Radius. Here, out of eight cases, there were three of imperfect recovery.

The Ulna afforded but one imperfect case in nine.

Radius and Ulna together, six in which there was defect, against seven in which the restoration was perfect.

Neck of the Femur, seven cases, and all imperfect. Every variety of apparatus was tried in these cases. In one the patient died before leaving her bed. In one, where no splint was used, the patient has not used the limb since the accident, and is bed ridden. In some there were prosecutions for malpractice.

Of the Shaft of the Femur, twenty-one cases are given, and all but four are marked "imperfect." The limbs were shortened, or bent, or there was anchylosis of the knee, or turning in of the foot, and in one case there was prosecution of the surgeon.

Two cases of fracture of the Patella are given, in both of which there was imperfection.

Fracture of the Leg, in twenty-one cases, afforded seventeen instances of imperfect recovery, and two prosecutions.

Clavicle. Twenty-three instances of fracture of this bone furnish fourteen imperfect cases.

Of fracture of the Humerus twenty-four cases are cited in the Supplement, and twelve are recorded as imperfect.

The Radius, fractured in nineteen instances, was imperfectly restored in eight. The Ulna eight in fourteen.

The Radius and Ulna together give but three cases of imperfect recovery in twenty, seventeen having resulted in perfect restoration of the limb.

The Femur, in forty-three instances, shows nine of perfect recovery.

The Leg was perfectly restored in eighteen out of fifty cases.

In the subjoined table there is an interesting summing up of the facts on this subject —

SUMMARY OF TABLES OF ALL THE CASES FROM THE NOTES OF DR. HAMILTON.

Name of Bones.	No. of Fractures.	No. of Perfect.	No. of Imperfect.	Points of Fracture.			Character of Fracture.			Relative No. at Different Ages.									
				Upper or outer ⅓.	Middle.	Lower ⅓.	Comp. and Commin.	Comp.	Simple.	To 15 years.		15 to 30 years.		30 to 45 years.		45 to 60 years.		60 to 82 years.	
										No.	P.	No	P.	No.	P.	No	P.	No	P.
Ossa Nasi....	9	1	8	..	..	..	..	3	6	5	1	3	..	..	..	..	..	..	..
Septum Nasi.	4	1	3	..	..	..	..	..	4	3	..	1	..	..	..	..	..	..	..
Sup. Maxilla.	1	1	..	..	..	..	..	..	1	..	..	..	..	1	1	..	..	..	..
Inf. Maxilla..	13	7	6	..	..	..	6	3	1	2	2	7	4	3	1	1	..	..	..
Clavicle.	41	15	26	32	9	..	..	4	37	10	8	9	3	14	2	7	2	..	..
Scapula	3	1	2	..	..	..	..	..	3	..	..	2	..	..	..	..	..	1	1
Humerus....	38	17	21	5	7	26	2	1	36	18	8	5	3	10	4	2	2	..	..
Radius	27	17	10	3	4	20	..	2	25	12	9	7	5	6	2	2	..	..	..
Ulna	23	14	9	10	6	6	..	2	20	10	8	8	5	4	1	1	..	..	..
Radius & Ulna	34	25	9	2	11	20	..	2	31	23	18	5	3	3	..	..	..	1	1
Femur	73	14	59	23	38	7	3	1	67	23	10	10	3	1	1	5	..	6	..
Patella	7	1	6	..	..	..	..	..	7	1	..	2	1	4	..	1	..	..	..
Tibia.....	19	14	5	3	10	6	..	6	13	3	2	9	5	3	3	5	4	..	..
Fibula	16	8	8	1	3	12	1	4	11	2	..	4	2	6	4	2	2	..	..
Tibia & Fibula	73	23	50	7	20	4	13	19	40	11	5	15	5	22	5	1	..	..	..
Carpal	1	..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
Metacarpal ..	3	1	2	1	..	2	..	1	2	1	..	2	1	..	..	..	..	..	..
Phalanges ...	1	..	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Ribs	4	2	2	..	..	..	..	..	4	..	..	1	..	3	2	..	..	..	..
Vertebra	3	..	..	..	..	..	..	..	3	2	..	..	..	..	..	1	..	..	..
Pelvis.....	2	..	2	..	..	..	..	..	1	..	..	..	..	2	..	..	..	..	..
Amount ;	395	161	231	87	108	144	26	49	312	126	71	93	46	102	29	29	10	10	2

Dr. Hamilton has brought the profession under obligations to him by the publication of these Tables.

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

On the Theories of Animal Heat.—By Sir B. BRODIE, Bart.—The general evidence in favor of the chemical theory of animal heat has received many important additions of late years. The fact that a considerable amount of heat is generated by plants during the processes of germination and flowering, when, like animals, they withdraw a large amount of atmospheric oxygen, and replace it by carbonic acid set free from their own tissues, has long been known; and very careful observations upon the *Colocasia odora* a plant of the Arum family, which is remarkable for the elevation of temperature which its spadix undergoes at the height of the flowering period, have demonstrated that the production of heat is constantly accompanied by the generation of carbonic acid, that it does not take place if the flowers be made to expand in an atmosphere of nitrogen, and that during both the attainment of the highest point and the subsequent decline, there is a close correspondence between the amount of oxygen consumed in successive hours, and the excess of heat shown by the spadix above that of the surrounding medium. So, again, the researches of Mr. Newport upon the insect temperature have shown that

the same constant coïncidence exists between that generation of heat which they occasionally exhibit, and the replacement of atmospheric oxygen by carbonic acid. Moreover, since we may regard it as all but demonstrated that the animal can under no circumstances convert non-azotized saccharine or oleaginous compounds so abundantly supplied by plants into the albuminous constituents of its own tissues, the large amount of these substances consumed by animals, and the provision obviously made for their digestion and for their reception into the circulation become utterly meaningless, if they are not introduced for the express purpose of being applied to the maintenance of the combustive process, and the consequent generation of heat. Further, the direct effect of withholding food altogether, as the experiments of Chossât have shown, is to produce a complete absorption of the fat, which, with the products of the waste of the azotized tissues, is burned off day by day for the maintenance of the animal temperature; the duration of life in this condition is strictly proportional to the amount of combustive material previously stored up in the form of adipose tissue; and when this is all exhausted, the heat of the body, which had previously suffered but little decline, diminishes from hour to hour, until the animal dies of cold — the application of external warmth being still able to arouse it to activity, even when it has sunk into a state of torpor approaching to coma. All experiments upon the respiration, moreover, concur in showing that the liberation of carbonic acid is much more rapid at low temperatures than at high; showing that there exists within the system some means of self-adjustment, whereby the amount of fuel consumed is proportioned to the quantity of heat which it requires to produce, for the maintenance of its temperature at the regular standard.

The recent researches of M. Bernard upon the functions of the liver, leave but little room for doubt that one of the most important purposes of this organ is to prepare the respiratory pabulum; not so much, however, in the mode originally supposed by Liebig, by separating it from the blood as bile, this to be reabsorbed and subsequently burned off in the lungs; but rather by transforming, without separation, certain materials previously contained in the blood, so that as the current passes

through this gland, both the substances newly absorbed from the alimentary canal, and those which have been taken up in the course of the general circulation, are subjected to its influence, and then pass on, through the right cavities of the heart, to the pulmonary vessels, in a state of peculiar fitness to undergo a further transmission by the influence of the oxygenated atmosphere which they there encounter. The combustive materials directly supplied by the food are chiefly, in herbivorous animals, those of the farinaceous and saccharine, and those of the oleaginous types. The farinaceous matters are converted by the digestive process into the saccharine form; so that grape-sugar is found in the mesenteric veins after the ingestion of such aliment, as is also cane-sugar if this have been taken in. But the blood is not very tolerant of the presence of grape-sugar, still less of that of cane-sugar; so that if these substances be injected into the *jugular vein* in any quantity, they are speedily detectible in the urine. During their passage through the liver, however, they are converted into a new form of sugar, which has been termed "liver-sugar," the characteristic properties of which seem to consist in its differing from grape-sugar, as grape-sugar differs from cane-sugar, that is, in being far more tolerated by the blood, and in being more readily converted into lactic acid. Hence when grape-sugar and cane-sugar are injected into the *vena portæ*, they do not show themselves in the urine; and the liver-sugar which is produced by their transformation is not traceable further than the pulmonary vessels, being speedily transformed, and in a great part eliminated (probably passing the intermediate stage of lactic acid) by the respiratory process. But it is one of the most curious results of M. Bernard's researches, that the liver not only thus transforms other saccharine compounds, but that it generates sugar *de novo*, under circumstances which seem to forbid our regarding it as anything else than a product of the retrograde metamorphosis of the albuminous compounds. For M. Bernard has found sugar in the liver and hepatic blood of carniverous animals, and even in the liver of the mammalian fœtus and of the embryo chick; and so constant does the presence of this substance appear to be, that the production of a peculiar kind of sugar, specially fitted for undergoing the combustive process, must hence-

forth be regarded as one of the most important functions of the liver. It has been supposed that the sugar generated by the liver may be derived from fatty matters brought to it by the vena portæ; but we cannot find in Bernard's experiments any evidence of this; and whilst we have no chemical reason for believing that sugar can be formed by the transformation of fat (which would be an inversion of the usual order of metamorphosis) we know that it may be generated as one of the products of the disintegration of muscular tissue, the juice of flesh having yielded *inosite*, a new form of sugar, to the analysis of Scherer.

It has been further shown by M. Bernard, that the liver produces a peculiar fat, from the constituents of the blood which passes through it; and it seems that this liver-fat, like the liver-sugar, may be the product of the transforming process, exercised alike upon materials newly absorbed from the alimentary canal, and upon the products of the disintegration of the tissues. That albuminous compounds in a state of retrograde metamorphosis may generate fatty matter can scarcely, we think, be any longer questioned; since the phenomena of fatty degeneration concur with chemical evidence, to prove that this is one of the forms into which their elements pass, in preparation for their egress from the body.

Thus, then, it appears that the *respiratory pabulum* of carniverous animals, which is derived from the decomposition of the albuminous constituents of their food and of their own tissues, precisely corresponds with that which is furnished to the herbivorous races in the non-azotized articles of their diet; that the liver may be regarded as an organ specially destined to alter the characters of the blood, not merely by what it separates *from* it, but also by the changes it makes *in* it; and that these changes have reference to the constant sustenation of the combustive process, by the preparation of certain organic compounds peculiar to the living body, of a nature that may enable them readily to undergo oxidation when exposed to the air. And it is a most interesting and suggestive fact, that the products of the disintegration of the system should thus be applied—by passing through the very same course—to the same final uses, as are served in a large proportion of the animal kingdom by organic com-

pounds that cannot be rendered subservient to the production of animal tissue. We can scarcely fail to see in the whole of this arrangement, not merely a means of freeing the system from effete matters, but a scheme for the regular supply of the combustive apparatus with appropriate fuel; and those, if such there be, who deny that the production of animal heat is essentially dependent upon the conversion of hydrocarbonaceous compounds into water and carbonic acid have to explain how these compounds can be eliminated, as we know they are by means of this exidating process, without the production of heat; and they have also to explain why the herbivorous animal should be instinctively impelled to injest a large amount of food, that can serve no histogenetic purpose in the economy, and why their digestive apparatus should be specially adapted to the reduction, solution, and conversion of non-azotized compounds, as well as to the introduction of azotized matter into the system.

The recent researches of M. Barrall "On the Statistics of the Human Body," have afforded much additional information upon the subject of our present inquiry. He has carefully determined the ultimate constituents of the food, and of the various excretions, of four individuals, during five days, experimenting thus upon himself also during summer as well as in the winter; and presents us the results in an elaborate series of tables. We shall cite only a few of the most important. In the first place, the *carbon* of his food amounted to 5654.1 grains in winter, and 4090 grains in summer; and of this the proportion ejected in the form of *feces* was 236.2 grains in winter, and 139.4 in summer; that eliminated by the *urine* was 234.6 grains in winter, and 211.5 grains in summer; whilst that which passed off by exhalation (pulmonary and cutaneous, the latter, however being an insignificant fraction) was no less than 5183.3 grains in winter, and 3741.1 in summer. Thus we see how large a proportion of the carbon of the food is thrown upon the respiratory process for elimination, and how considerable a diminution takes place in the amount exhaled during the heat of summer, involving a corresponding difference in the demand for aliment. M. Barral's researches appear to afford the means of determining approximately at least, how much of the *hydrogen* of the food is oxidized in the respiratory

process, and how much of the water exhaled is really generated combustively. He found that of the whole amount of hydrogen taken in, not more than from one-eighth to one-tenth passes off by the other excretions, the remaining seven-eighths or nine-tenths being exhaled in the condition of watery vapor by the lungs. Now of the *oxygen* ingested, he found that 3841.4 grains in winter, and 2757.6 grains in the summer, passed off by the lungs in the condition of water; and this would, of course, carry off its equivalent of hydrogen, also derived from the food, without any production of heat.* But the amount of hydrogen actually exhaled was 801.3 grains in winter, and 597.5 grains in summer; so that after deducting one-eighth of the weight of the oxygen, there remain 321.1 grains in winter, and 252 8 grains in summer, as the amount of hydrogen which could not have been oxidized and eliminated as water, save at the expense of the oxygen of the air, and which must therefore have undergone a combustive process whereby heat could not but have been generated.

Thus it appears certain, that we are not to look only at the combustion of carbon but to that of hydrogen, as a source of animal heat; but it is scarcely fair to reckon (as Prof. Liebig has done) the whole surplus of the oxygen absorbed, above that contained in the carbonic acid exhaled, as being consumed in this mode. For there are other oxidizing processes going on within the system, some of them of no mean importance; more especially the production of the sulphuric and phosphoric† acids

* This will be obvious enough if we take the simple case of sugar, which is carbon plus the components of water, already united in equivalent proportions; the carbon being eliminated by combustion the water remains, to be carried off as such. A fatty body, on the other hand, is carbon plus hydrogen plus the components of water; here a portion of the hydrogen, as well as the whole of the carbon, is destitute of its equivalent of oxygen, and water is actually generated in the combustive process, in addition to that whose components were already united in the substance, although under another form.

† Professor Liebig has lately asserted, with his usual dogmatism, that no phosphorus exists in the body, or in the alimentary materials, except in the state of phosphoric acid; and further, that the notion that such other compounds of phosphorus exist in the body, and that phosphorus occurs in the protein-compounds in a state analogous to that in which

from the sulphur and phosphorus contained in the protein compounds of the food, giving rise to the production of the alkaline sulphates and phosphates which are excreted by the urine. In fact, it may probably be stated, that there is scarcely a single chemico-vital transformation in the body, either *progressive* (that is to say, tending to the formation of living tissues) or *retrograde* (that is, tending to the reduction of the more complex histogenetic substances to the comparatively simple compounds which present themselves in the excretions) in which oxygen is not concerned. Thus, then, although the production of carbonic acid and water may be immediately affected by the combustive metamorphosis of saccharine and fatty matters, and although these matters, when not directly supplied as such by the food, are prepared within the body for the respiratory operation, yet the process of such preparation is one that really involves a great number of separate stages of metamorphosis, beginning with the conversion of alimentary materials into living tissue, and including all the changes which take place during the life of that tissue, and in the progress of its final disintegration. Hence, although the production of such part of the carbonic acid and water, as proceeds directly from the union of the carbon and hydrogen of the alimentary materials with the atmospheric oxygen, may be looked on as a simple combustive operation, yet as to the whole of the remainder, which proceeds from the disintegration of the tissues themselves, it must be admitted that the ap-

sulphur exists in them, "proceeds generally from amateurs in science, and rests on superficial observations, without the slightest scientific foundation." See his "Familiar Letters," third edition, pp. 451–2." We apprehend that several chemists, of no inferior authority as analysts, maintain a different opinion; and that there is abundant physiological evidence derived from the occasional luminosity of the urine, breath, and sweat, as well as of the solids of the body when undergoing decomposition after death, or even before life is extinct, which proves the existence of phosphorus either in a basic or in an imperfectly oxidized condition, as one of the normal constituents of the body; this phosphorus being usually completely oxidized within the system, and carried off as a phosphoric acid in combination with alkaline bases, but passing into the excretions in its lower state, when, either from an absolute deficiency o respiration, or from the greater demand for oxygen set up by other matters contained in the blood (alcohol, for example) it does not undergo complete metamorphosis.

pearance of a given quantity of carbonic acid in the expired air, can only be looked on as the exponent or manifestation of a long series of changes of composition taking place in the interior of the body, of which it is one of the ultimate products. Some of the advocates of the Chemical Theory of Animal Heat, have spoken of the body as if it was a mere furnace, into which a certain quantity of fuel is put, whose combustion affords a given equivalent of heat; whilst from its chimney there proceed so much carbonic acid, so much water, and so much imperfectly consumed smoke. The whole series of intermediate operations, whose original materials and final products alone are thus recognised, is completely ignored; and the confident assertions of the chemist, based, as they appeared to be, upon a very broad foundation in fact, have passed muster with the general, and even with the medical public, notwithstanding that there is a considerable body of facts, which are not only not explained by chemical doctrine, but which seem, at first view, to be really in antagonism with it. These facts cannot be passed over, either by the scientific physiologist or by the observant practitioner; for they enforce themselves upon the attention of the latter; whilst they must be recognised by the former, as having no less a title to his consideration than have the ordinary phenomena of calorification;—we refer to the local development of heat, or to local deficiency, altogether irrespective of the activity of the circulation; and to the connexion of such irregularities with peculiar conditions of the nervous system.—*Brit. and For. Med. Chir. Review*

On th Influence of Parasites in the Production of Disease. By JOSEPH LEIDY, M.D., Professor of Anatomy in the University of Pennsylvania.—In many animals entozoa and entophyta are almost never absent, and probably when in their natural habitation, and few in number, or not of excessive size, are harmless, as observed by Dujardin in the introduction of his excellent work on Intestinal Worms: "Les helminthes se développent dans un site qui leur convient, sans nuire plus que les lichens sur l'écorce d'un arbre vigoureux. Ils ne peuvent devenir

nuisibles, généralement, qui par suite d'une multiplication excessive, laquelle semble alors être une des conséquences d'un affaiblissement provenant d'une tout autre cause, d'une mauvaise alimentation, du séjour dans un lieu froid et humide, etc.: sens cela les helminthes naissent et meurent dans le corps de leurs hôtes, et peuvent paraître et disparaître alternativement sans inconvénients."

Many important diseases have been supposed to originate from parasitic animals and vegetables. The former are not the true entozoa, for these are too large, and may be detected by the naked eye, but they are considered to be animalculæ so small that they cannot be discovered even with the highest powers of the microscope. But, independent of the fact that the existence of such entites is a mere suspicion, none of the well known animalculæ are poisonous. At various times I have purposely swallowed large draughts of water containing myriads of *Monas*, *Vibrio*, *Euglenia*, *Volvox*, *Leucophrys*, *Paramecium*, *Vorticelli*, etc., without ever having perceived any subsequent effect.

The production of certain diseases, however, through the agency of entophyta, is no longer a subject of doubt; as in the case of Muscardine in the Silk-worm, the Mycoderm of Porrigo favosa in Man, etc.; but that malarial and epidemic fevers have their origin in cryptogamic vegetables or spores requires yet a single proof.* If such were the case minute vegetables and spores, conveyed through the air, and introduced into the body in respiration could be detected. The minutest of all known living beings is the *Vibrio lineola* of Müller, measuring only the 36,000 of an inch, and the smallest known vegetable spore is very much larger than this, whilst particles of inorganic matter can be distinguished the 200,000 of an inch in size.

I have frequently examined the rains and dews of localities in which intermittents were epidemic, upon the Schuylkill and Susquehanna rivers, but without being able to detect animalculæ, spores, or even any solid particles whatever. I have examined the air itself for such

* See an ingenious litte work by my distinguished friend, Dr. J. K. Mitchell, "On the Cryptogamus Origin of Malarious and Epidemic Fevers."

bodies, by passing a current through clear water. This was done by means of a bottle, with two tubes passing through a cork stopper; one tube dipping into the water, the other reaching not quite to its suface. By sucking upon the latter tube, a current of air passed through the former, and was deprived in its course of any solid particles. Ordinarily when the atmosphere was still, rarely in the morning or in the evening, neither spores nor animalcules could be detected. When piles of decaying sticks or dry leaves were stirred up, or the dust was blown about by the wind, a host of most incongruous objects could be obtained from the air; none, however, which could be supposed capable of producing disease.

To assert, under these circumstances, that there are spores and animalculæ capable of giving rise to epidemics but not discernible by any means at our command, is absurd; as it is only saying in other words that such spores and animalculæ are liquid and dissolved in the air, or in a condition of chemical solution. That the air may be poisoned by matters incapable of detection by the chemist, is proved by the emanations from such plants as the *Rhus vernix*, *Hippomane mancinella*, etc.—*Smithsonian Contributions to Knowledge.*

Dysmenorrhea.—In Germany the bi-borate of soda is used in conjunction with ergot, to produce uterine contraction, and alone to facilitate the excretion of the menstrual fluid. Dr. Bennett, of London, regards it as an important agent in fulfilling the latter indication, and employs the following formula in many cases of dysmenorrhea —

℞.—Magnes. carbon,	gr. v.	
Pulveris rhei,	gr. ij.	
Sodæ biboratis,	gr. x.	
Infusi calumb.,	℥j.	Ter die sumend.

—*Med. Times and Gazette.*

RESPONSE

BY OLIVER WENDELL HOLMES, M.D.,

To the following Toast, proposed at the Entertainment given to the American Medical Association, by the Physicians of the City of New York, at Metropolitan Hall, on the 5th of May, 1853:

Toast.—"The Union of Science and Literature—A happy marriage, the fruits of which are nowhere seen to better advantage than in our American *Holmes*."

I hold a letter in my hand—
  A flattering letter—more's the pity—
By some contriving junto planned,
  And signed, *per order of Committee;*
It touches every tenderest spot—
  My patriotic predilections—
My well known—something—don't what—
  My poor old songs—my kind affections:—

They make a feast on Thursday next,
  And hope to make the feasters merry—
They own they're something more perplext
  For poets than for port and sherry—
They want the men of—(word torn out);
  Our friends will come with anxious faces,
(To see our blankets off, no doubt,
  And trot us out and show our paces).

They hint that papers by the score
  Are rather musty kind of rations:
They don't exactly mean a bore,
  But only trying to the patience;
That such as—you know who I mean—
  Distinguished for their—what d'y call 'em?—
Should bring the dews of Hippocrene
  To sprinkle on the faces solemn.

—The same old story; that's the chaff
  To catch the birds that sing the ditties;

Upon my soul, it makes me laugh
To read these letters from Committees!
They're all *so* loving and *so* fair—
All for *your* sake such kind compunction—
'Twould save your carriage half it's wear
To grease the wheels with such an unction!

Why, who am I, to lift me here
And beg such learned folk to listen—
Ask a smile, or coax a tear
Beneath these stoic lids to glisten?
—As well might some arterial thread
To ask the whole frame to feel it gushing,
While throbbing fierce from heel to head
The vast aortic tide was rushing.

As well some hair-like nerve might strain
To set its special streamlet going,
While through the myriad-channeled brain
The burning flood of thought was flowing—
Or trembling fibre strive to keep
The springing haunches gathered shorter,
While the scourged racer, leap on leap,
Was stretching through the last hot quarter!

Ah me! you take the bud that came
Self-sown in your poor garden's borders,
And hand it to the stately dame
That florists breed for, all she orders;
She thanks you—it was kindly meant—
(A pale affair not worth the keeping—)
Good morning;—and your bud is sent
To join the tea leaves used for sweeping.

Not always so, kind hearts and true—
For such I know are round me beating—
Is not the bud I offer you—
Fresh gathered for the hour of meeting—
Pale though its outer leaves may be,
Rose-red in all the inner petals,

Where the warm life we cannot see—
The life of love that gave it, settles?

We meet from regions far away
Like rills from distant mountains streaming:
The sun is on Francisco's bay,
O'er Chesapeake the lighthouse gleaming:
While summer skirts the still bayou
With every leaf that makes it brighter,
Monadnock sees the sky grow blue
And clasps his crystal bracelet tighter.

Yet Nature bears the self-same heart
Beneath her russet-mantled bosom,
And where, with burning lips apart,
She breathes, and white magnolias blossom:
Ay! many a cheek is kindled here
With morning's fire as richly laden
As ever Sultan of Cachemere
Kissed from a sun-enameled maiden!

I give you *Home!* its crossing lines
United in one golden suture,
And showing every day that shines'
The present growing to the future—
A flag that bears *a hundred* stars,
In one bright ring, with love for centre,
Fenced round with white and crimson bars,
No prowling treason dares to enter!

O brothers, home may be a word
To make affection's living treasure—
The wave an angel might have stirred—
A stagnant pool of selfish pleasure;
HOME! It is where the day star springs
And where the evening sun reposes,
Where'er the eagle spreads his wings
From Northern pines to Southern roses!

—*Virginia Medical and Surgical Journal.*

On the Treatment of Fever by large doses of Sulphate of Quinia at St. George's Hospital. By A. White Barclay, M. D.; and Dr. Dundas.—Tne cases treated by quinia, writes Dr. Barclay, may be divided into three classes.—1. Those in which its exhibition was followed by marked depression. 2. Those in which the pulse became slower, without general prostration or sickness. 3. Those in which no decided effect was produced which could be noted at the time.

1. Including all the cases together in which this effect was produced, the number is five. Two have been already mentioned as fatal, one of apparent typhus, complicated with albuminuria, which was not detected until the subsidence of the fever, and ultimately proving fatal. The physiological effect of the remedy was produced by very different quantities in different instances, and given at very varying intervals. One patient took twenty grains every three hours for nine times; another took ten grains every two hours for ten times: while a third took twenty grains every six hours for only three times; the other two had twenty grains every four and every six hours respectively for eight times.

Of the 3 uncomplicated cases, 1 died, 1 was ill ten days before admission, and remained under treatment forty five days before recovery was complete; the other had been ill a week, and was discharged cured at the end of twenty-four days.

2. In 2 instances only did the pulse become remarkably slower without any depression: one took ten grains every three hours, the other fifteen grains every four hours for about two days, after which the dose was gradually diminished. The first had been ill five days, and was discharged cured in eleven days, having been kept under observation longer than was perhaps absolutely needed to ascertain that recovery was really complete; the second had been ill only two days, and got well in three weeks.

The first case was not severe, and had no spots; the second was delirious for the first two or three nights, and had a faint rather indistinct rash on the abdomen; he had also pretty severe diarrhœa, but no evidence of ulceration of the bowels. The pulse fell in each below 50, but it is necessary to state here, that in another instance it fell still lower in which no quinia was given. He made a very

rapid recovery, being ill only five days before admission, and leaving the hospital cured in eight days.

3. In 11 cases there was no distinct physiological effect produced by the quinia; and it remains to inquire whether recovery was more rapid under this mode of treatment than any other; and this may be best accomplished by instituting a comparison betwen them and the whole of the other fever patients admitted during the same time. Twelve examples of a very mild form, which might be justly called febricula, are omited, and there then remain 51 instances of well marked fever which were not treated by quinia.

Among these, 20 exhibitited fever spots on the chest or abdomen, and 6 with and 5 without spots unequivocal evidence of ulceration of the bowels. By this is not meant merely the occurences of thin watery motions, which have been observed in the majority of the patients, but the persistence of diarrhœa, with a patchy, shining, or fissured tongue. We have, therefore, as the basis of our analysis, 26 cases which neither had fever spots nor distinct evidence of ulceration, 14 with spots, but not certain ulceration, and 11 in which the presumptive evidence of ulceration was strong.

The average duration of theses cases, was—of the 26 cases, 10 days before admission and 21 days under treatment; of the 14 cases, 8 days before admission, and 22 under treatment; of the 11 cases, 7 days before admission, and 33 under treatment.

Turning now to those in which the quinia treatment was adopted, and almost invariably in ten grain doses every four hours, they include 5 cases in which there was pretty conclusive evidence of ulceration of the bowels, 3 of which were also spotted; 4 cases with spots, where ulceration was not proved, and only 2 in which neither condition was exhibited. With the last cases it may be best to classify the two already referred to under the second division, because they are not marked by any very broad line of distinction separating them from the present series, and they exhibit the quinia treatment under its most favorable view.

There are therefore, 4 cases without spots or decided ulceration, of which the average duration was eight days before admission, and twenty-three under treatment; 4

cases with spots only, of which the average duration was ten days before admission, and twenty-six under treatment; 5 cases with ulcerated bowels, of which 3 had also spots, and their average is fifteen days before admission, thirty-seven under treatment.

I must here distinctly state, that when I commenced this report I had no idea what the result would be, and, so far from believing it unfavorable, had hoped that excluding some unfortunate cases, the treatment of fever with quinia would prove rather more speedy, safe, and effectual, than by the ordinary modes. I am sorry to be convinced that it has no advantages.

It may be well to state in conclusion, that the prevalent type of fever has been what would be called "typhoid," not true "typhus." One or two had the aspect of congestive typhus, but wanted the purple, mottled rash. One patient had this rash very well marked, mixed with ecchymosed spots, at the same time had distinct ulceration of the bowels, with a chapped and glazed tongue. Some had a very abundant crop of florid, slightly-elevated spots disappearing on pressure; some had only one or two of this character. Occasionally the spots are characterized as large, sometimes as small; and individual instances occur exhibiting various degress of persistency, and various shades of color, from a pale rose to a deep crimson. Spots existed without ulceration, and ulceration without spots, apparently without any definite rule; and some of the most severe and tedious cases were unaccompanied by either one or the other.

4. [In commenting upon these marks, Dr. Dundas thinks] that, instead of contravening, they go far to substantiate the doctrine in question,—at least in so far as relates to the two only cases of fever in which "cinchonism' appears to have been *early* adopted. As regards the case with "ulcertion of the bowels," who expects, or who ever proposes, to *cure* such cases by cinchonism? I well know that cinchonism will not *arrest* such complications; but I equally well know that, resorted to in time, it will commonly prevent them.

Of three fatal cases in which cinchonism was resorted to (though I cannot clearly make out if they are included in Dr. Barclay's Analysis), one was "*apparent* typhus;" another "tubercular inflammation of the brain," and the

third was "complicated with albuminuria," (nephritis?) Surely none of these cases can be adduced as affording any evidence on the present question.

It would seem that, in some of the cases, purgatives, had been administered; these, in my experience, prove almost invariably hurtful in fever. Were emetics given? The amount of support and stimulants,—another important consideration,—afforded to the patients under quinia does not appear.

Dr. Barclay admits the effect of cinchonism to be "something strange,"—that is, new to him; but, "in one or two cases which got well very speedily under its employment,"he questions" special effect:"—or, "if any," that such effect "was limited to lowering the general circulation;' that "when pushed to its full extent," it prostrates "the vital powers." On these points my experience is totally at variance with that of Dr. Barclay.

I have myself administered quinia to cinchonism in many hundred cases, and seen it largely given by others; yet in no one instance have I ever observed it cause "prostration of the vital powers," though often vomiting.

That the physiological effect of the remedy is not, as Dr. Barclay avows, "limited to lowering the general circulation," is proved by the fact, that commonly the general symptoms improve, not only *parri passu* with the change in the circulation, but that sometimes one, sometimes another, and occasionally *all* of the following changes will occur; namely, the tongue will become moist, and the thirst abated, the skin cooler, and the headache and general uneasiness diminished, *before* any decided change in the frequency or character of the pulse can be detected. Also, in the more favorable cases, the physiological effect of the remedy is displayed solely in the rapid and *simultaneous* subsidence of all the urgent symptoms; there will be no tinnitus aurium, no headache, no dizziness, no deafness, and no vomiting.

The perusal of Dr. Barclay's interesting paper, as well as what I constantly hear and witness, proves to me the necessity of once more placing briefly before the profession some of those points in the treatment of continued fever by cinchonism on which I have already urgently insisted —orally, and in my several publications,—during the last three years. As these points are in nothing modified by

subsequent experience, I shall give the precise words in which I originally stated them, under the impression that this mode of recalling the subject may be more advantageous than any new or more lengthened statement:—

"I would here beg to recall, briefly, a few of those principles on which I have elsewhere strongly insisted, namely, that the value of cinchonism in typhus will be in proportion to its early induction; that adopted early, it arrests with certainty, in the vast majority of cases, the course of all continued fevers, and thus presents the complications which prolong the disease and peril life; that we cannot arrest all cases of typhus fever by cinchonism, nor can we all cases of ague; serious visceral disease, in either case, will interrupt the specific power of the remedy; also idiosyncrasy in some, and a broken-down state of the constitution in others, will prevent its success; that a vital organ already seriously damaged, or the vital fluids already seriously vitiated, will necessarily render the success of cinchonism doubtful; but that in none of the foregoing conditions, idosyncrasy excepted, should the remedy be altogether suspended, for even in these, its administration will prove commonly useful, and *always* safe; that after the first impression has been made on the disease by cinchonism, the patient should be constantly and *well supported*:—no slops. Wine will be often necessary, and (especially with the hospital patients) brandy. To the purely medical measures I need not refer, but there is one point on which I am anxious to fix the attention of the profession, namely, that in estimating the specific power of cinchonism over typhus fever the practitioner *must carefully distinguish those cases of visceral disease, attended with low inflammation and typhoid symptoms*, which are continually admitted into hospitals as 'typhus,' or 'typhoid' fevers. In these cases the failure of cinchonism attaches, not to the remedy, but to the physician."

I may, perhaps, be permitted to add, that the dose I first adopted, namely, 10 or 12 grains every two hours to an adult, is that which I still find to be the most uniformly advantageous, and attended with the fewest inconveniences to the patient.—*Med. Times and Gaz. Jan.* 1853

Removal of a Ring from a Young Lady's Finger. By A. C. CASTLE, M.D.—An interesting young lady, about 17 years of age, had presented to her a gold ring, which she forced over the joints of her middle finger. After a few minutes the finger commenced swelling, and the ring could not be removed. The family physician, Dr. ——, was sent for, but could do nothing. The family, and the young lady especially, were now in the greatest consternation. A jeweller was sent for. After many futile attempts to cut the ring with cutting nippers, and to saw it apart with a fine saw, and after bruising and lacerating the flesh, warm fomentations and leeches were applied, but all without affording the slightest benefit. Dr. —— requested my presence, with the compliment that "perhaps my mechanical ingenuity might suggest something." I at once proceeded to the house of the patient, and found the young lady in a most deplorable state of mental agony, the doctor embarrassed, and the family in a high state of excitement. I procured some prepared chalk, and applied it between the ridges of swollen flesh, and all round the finger, and succeeded in drying the oozing and abraded flesh; then with a narrow piece of soft linen I succeeded in polishing the ring, by drawing it gently round the finger between the swollen parts. I then applied *quicksilver* to the whole surface of the ring. *In less than three minutes* the ring was *broken* (by pressing it together) in four pieces, to the great relief of all parties.

In a similar manner, without the chalk, I sometime since extracted a small brass ring from the ear of a child, who, child-like, had inserted it into the cavity of its ear. The operation was more painful and tedious, but was equally successful.

The Modus Operandi.—The quicksilver at once permeates the metals, *if clean*—with the exception of iron, steel, platina, and one or two others—and amalgamates with them. It immediately crystallizes and renders the metal as hard and as brittle as glass. Hence the ease with which metals amalgamated with quicksilver can be broken.—*Boston Med. and Surg. Jour.*

Uva Ursi a Substitute for Ergot. By E. G. HARRIS, M.D., of Fayette, Ala.—I wish to call the attention of the medical profession to uva ursi, as a substitute for ergot, in producing uterine contraction Whether it will produce all the effects, or answer all the indications of that drug, I am not able to say; but I do know, that it will produce considerable uterine contraction when given during labor. Since December last, I have given it in five cases, in all of which it acted more efficiently than ergot. In three of these cases the pains had ceased entirely from exhaustion of nervous energy. A strong decoction of uva ursi was given every ten minutes, and in thirty minutes the pains had increased considerably, and in from one to one and a half hours, the delivery was effected, and the placenta expelled, the uterus contracting well, and no untoward symptons taking place. In the other two cases the pains had not ceased, but were fast doing so. I gave them bountifully to two of my *new parturients*. One of them was delivered in fifty minutes, the placenta following in less than five; the other in an hour and twenty minutes, the placenta in ten. In all these cases the head occupied the superior strait at the time I commenced giving the medicine, in consequence, no doubt, of inefficient uterine contraction. The os uteri was in good condition in all the cases. Directly after the exhibition of the uva ursi, the pains would become strong and propulsive, lasting about the ordinary length of time; then going completely off, leaving the patient free from pain, except that produced by pressure upon the soft parts; the placenta soon followed, the uterus contracted well, and no hemorrhage more than ordinary. There was little or no tonic contraction until after the expulsion of the placenta, when it was complete.

I am aware these five cases are not sufficient to establish its reputation as a therapeutic agent in labor, yet the result of the past encourages me to give it a further trial; and should its use in the future prove as successful in the hands of my professional brethren as it has in mine, I shall feel amply rewarded for any trouble I may have been at in bringing it to their notice. I was first induced to use it by being called to a case where the pains had ceased, and having no ergot, and knowing the effect it had

on the kidneys and bladder, I gave it as above described. I prefer it to ergot for the following reasons —

1st. Because there is no danger in it; you may give it *ad libitum*. It is well known that ergot often produces nausea and vomiting, and sometimes slow weak pulse, cold extremities, dilatation of the pupils, etc.

2d. Although it increases the propulsive efforts of the uterus, yet it does not produce that tonic contraction which is so painful to the mother, and at times so hazardous to the life of the child, until after the delivery is effected; this is generally far otherwise with ergot. More than once have I seen a young and healthy mother give birth to a well developed but dead infant — not from the poison being absorbed by the mother, and through the circulation destroying the child, but *alone* by the powerful tonic contraction of the uterus compressing the umbilical cord, arresting the circulation, etc. Often have I seen the placenta retained for hours, and, in two cases, for a day and night after it had been entirely detached from the uterus, by the firm and unyielding grasp of that organ— *all brought about by the free administration of ergot.*

My plan for giving it is as follows —

R.—Uva ursi, a good article,	℥ij.
Boiling water,	pt. j.

Pour the water on the leaves in a pitcher or bowl, stir it until it becomes cool enough to drink, and give one-fourth as hot as it can be drank every ten or fifteen minutes, until it has the desired effect. Attention should always be paid to the condition of the os uteri, dimensions of the pelvis, etc.—*Southern Med. and Surg. Jour.*

A Case of Hepatic Abscess. By H. R. Casey, M D., of Columbia county, Ga —I was called to see Mrs. J., æt. 24, whom upon examination, I found in bed with a face very much flushed, and in a profuse perspiration, high fever, pulse 120, full and bounding. On inquiry, I learned that she had been nursing a case of typhoid fever. She seemed much frightened, thinking that she had contracted that much-to-be-dreaded fever. I soon, however, quieted

her fear on that score, telling her that she had no symptom of typhoid, but a fever of an exactly opposite type. I bled her freely, gave a mercurial cathartic, and left fifteen grains quinine, to be administered should the fever subside.

Visited her the next day, when the true character of her disease began to show itself. Pulse 125, tongue heavily coated, skin hot and dry, and slightly tinged with yellow. She now complained of pain in her right side. On examination, I found considerable swelling, the intercostal spaces indicating pressure from within. Ordered leeches over the region of the liver, calomel and Dover's powders in small and separate doses, to be followed with Seidlitz powders; warm cataplasms to succeed the leeches.

Did not see her the next day, from press of business. The following day was summoned to see her in haste. Found her complaining of increased pain and soreness — the distension much greater. There was now evidently a change in the character of her fever; the bright hectic now mantled her cheek, while the blood which had before coursed rapidly along the vessels, now took on a slow and measured step. It was now apparent that the hepatic inflammation had passed into the suppurative stage, and that an abscess was there formed. The liver was very much enlarged, but as yet no pointing. I applied a large blister over the swelling, put her upon a generous diet, and gave her the muriated tinct. of iron, and withheld the lancet for further developments.

Some twenty-four hours thereafter I was again called in haste to see her, when she told me that the pain had left her side, and had located itself in her hip. On examination, I found a spot larger than the palm of my hand on the right hip, fiery red. Not knowing how to account for this, but supposing it to be of an erysipelatous character, I scarrified it, and ordered it to be covered with althea poultices. Continue the tr. ferri.

In the course of the next day I again saw her: found her hip much swollen and fluctuation evident. Continued the application, and on the following morning I plunged my lancet in the tumor, and gave exit at once to at least a pint of matter. It was pus, of a creamy appearance and consistence, with not even a tinge of yellow, and ex-

ceedingly offensive. The amount of matter, and the recent date of the hip affection, determined its origin in the liver; but why the pointing should be down here, instead of opposite the liver, I could not answer. This being my first case of hepatic abscess, I was not well "*posted up*"—I judge they are not of frequent occurrence in this country, not remembering an instance where an autopsy has revealed a cicatrix of the liver as the result of hepatic abscess. As further confirmatory of the fact that the matter came from the liver, when the patient sat up, the matter would gravitate in a bolder stream, and by pressing over the liver, and passing the pressure downwards towards the orifice, the matter would make its exit freely. In the progress of this, another pointing was observed opposite the liver, and with my lancet I gave exit to about a teacupful of matter.

Louis states that he has never known of the occurrence of a cicatrix of the liver the result of a cured hepatic abscess. I am certain, if ever the body of this patient becomes a subject of the dissecting knife, a *large* cicatrix of the liver will be among the autopsical appearances.

I called to-day to see the lady, to question her as to the facts of the case. She states that the matter was discharging three months or more, and that she thinks as much as three gallons of it passed off in the time. This, of course, is too large an estimate. She states that she is in the enjoyment of good health, but has occasionally pains in her right side, when she stoops down or bends to the opposite side, doubtless from adhesions of the liver. She thinks her "entrails have grown to her side," and states that she was "physicked" some years since for liver disease.—*Southern Med. and Sur. Jour.*

Spermatorrhea. By Professor DUGAS.—There are doubtless but few of our readers who will not feel interested in the articles contained in this number, on the subject of spermatorrhea, for we know of no cases with which we are so continually and painfully annoyed as those in which the patients complain of the real or the imaginary forms of this affection. Indeed, the mind is so uniformly disturbed in such cases that it is

often impossible to determine the true state of things, and therefore difficult to know whether to administer relief to the brain or to the generative apparatus. We are so well satisfied, however, that many of the cases brought to our notice have been seriously injured by the injudicious use of Lallemand's favorite remedy—cauterization—that we feel it a duty to raise our voice against such treatment, except as a last resort. Our objection to the use of the nitrate of silver is, that it does not unfrequently occasion strictures and inflammation about the neck of the bladder—either of which may prove to be more serious than the original affection. Such results would, of course, not often follow the application, if made by a skillful and experienced operator, but in the hands of the rash it cannot but be extremely hazardous.

We are free to confess that we have no more confidence in the efficacy of digitaline than in that of other narcotics, as opium, belladonna, tobacco, etc., for they are all antaphrodisiacs to a certain degree. The suggestion of the mechanical means indicated in one of the articles alluded to, seems to us a good one; but care should be taken not to expose the organ to strangulation, in the event of an erection, without sufficient warning to the patient. The best prescription we know of, is one which, in our land of plenty, can fortunately be almost always carried out without inconvenience, and one which we have never known to fail in establishing a radical cure. We mean matrimony. The only difficulty is to convince the patients that they may form this connexion *before* they get cured.

We have found much advantage from the cold hip-bath night and morning, and the injection two or three times a day of a solution of sulphate of morphia into the urethra. The solution may contain 4 grains in 8 ounces of water, a small syringe full of which should be thrown in and retained, by closing the orifice, at least ten minutes, so that it may run up to, or into, the bladder, and remain long enough to produce its sedative effect. The tonic action of the cold bath and the locally sedative effect of the morphia, will tend to lessen the irritability of the organs upon which depends, in many instances, the involuntary emissions. If the proportions suggested affect the system materially, the solution should be made milder.—*Southern Med. and Sur. Journal.*

Observations on Non-recurrence of Secondary attacks of Dysentery, By AUSTIN FLINT, M.D.—In a Clinical Report on Dysentery, based on an analysis of forty-nine cases in the course of publication in the *Buffalo Medical Journal*, Prof. Flint has a section devoted to observations on the "Recurrence of the Disease" which we copy entire.

The subjects of this section are interesting, and so far as I know have not been investigated by means of recorded facts. What remote effects, if any, in the organism, follow an attack of dysentery? Does it beget a predisposition to any other disease? Does it impair the constitutional vigor? Is the patient afterwards liable to renewed attacks of the disease, or is the susceptibility to the action of the cause, or causes, lessened, or destroyed, so that the morbid processes having once taken place, there is greater security, if not entire exemption thereafter? These are questions interesting in themselves, and important in their pathological bearings. The facts in this collection of cases pertaining to these subjects are not numerous, but few as they are, they lead to the belief that they involve something more than coincidences: that they point to laws of the disease which do not appear, as yet, to have received attention. I will proceed to present the results developed by the analysis.

Of the thirty-eight cases ending in recovery, in sixteen the patients either continued under observation, or definite information was obtained respecting their subsequent health for periods varying from one year to thirteen years. To be more precise, with regard to these periods, the duration of the subsequent history in the cases respectively are as follows: thirteen years, one case; seven years, two cases; five years, two cases; four years, nine cases; two years, one case, and one year one case. In all, sixteen cases. Of these sixteen patients only one has died. This patient died with tuberculosis of the lungs, four years after recoveriug from dysentery. Of the remaining fifteen cases, in all the health has been good during the periods, respectively, during which the patients remained under observation, or within knowledge. I mean by this, that not one has suffered from any other important disease, and in nearly every instance there has been excellent health.

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Not one of these fifteen patients has experienced a second

attack of dysentery. The result is rendered somewhat more striking by the fact that, exclusive of the case in which the date of the disease was but a year since, all the patients have been for several years past within the sphere of an epidemic influence, the disease, as already stated, having prevailed more or less, as an epidemic, in this city, in the autumnal months for the last four years. I can also call to mind several cases of dysentery occurring at least four years since, the histories of which were not taken, the patients, in the mean time, being under observation. In none of these instances has the disease been twice experienced. *I have not yet met with a second attack of dysentery.* It is worthy of notice that three of the cases in this collection occurred in one family at different dates, viz., one case, thirteen years ago; one four years and one two years: In these instances new subjects were attacked, they escaping who had previously had the disease.

It would seem, from these facts, that an attack of dysentery does not exert an unfavorable influenc on the organism, that patients are not rendered thereby prone to any particular disease, but, on the other hand, enjoy good health. It would also seem that patients are not liable to a repetition of the disease.

I would not be understood as presenting these inferences in the light of established truths. The number of observations is too small to warrant deductions which shall represent fixed laws of the disease. But, as already remarked, it is difficult to account for the facts on the hypothesis of their being due to mere coincidence; and I repeat that the facts point to the existence of laws which remain to be settled by further investigation. We are at least justified in concluding, from the data before us, that deterioration of the health subsequent to dysentery is not the general rule, and that an attack does not lead to any increased susceptibility to the cause or causes of the disease.—*New-York Journal of Medicine.*

On the employment of Iodine Injections in Chronic Dysentery. By M. Delioux.—On considering the success which has crowned the practice of those practitioners who have

ventured to apply the tincture of iodine to the surface of such delicate and irritable membranes as the pleura and peritoneum, it struck me that the endeavors to modify the lesions which give rise to diarrhœa and dysentery by this means would be equally successful. Iodine, although a powerful topical irritant, does not appear to me to be capable, especially when sufficiently diluted, of causing a more severe inflammation than other remedies, such as nitrate of silver, which may be injected with impunity into the great intestine. I prescribe the iodine injections in the following manner:—Alcoholic tincture of iodine, from 10 to 20 grammes (about 150 to 200 grains). Iodide of potassium, from 1 to 2 grammes (about 15 to 30 grains). Water, from 200 to 220 grammes (about 6 to 7 ounces). The iodine is thus maintained in solution by the alkaline iodide. I direct an emollient injection to be first administered, to clear out the intestine, and then the iodine injection, which thus acts at once, and with full force on the mucous membrane.

I commenced by experimenting with small doses of tincture of iodine; but after having assured myself of the innocuousness of this injection, I raised the dose by degrees, and found that the quantity might be increased without danger to 30 grammes (1 ounce and 12½ grains).

It often happens that the iodine injections cause only a slight colic; at other times, after the first or second, the alvine dejections augment, to diminish immediately, at the same time changing their character; at other times, they are diminished or suppressed immediately. In twelve cases reported in my "Memoirs" the intestinal affection was remarkably benefited or cured ten times; twice the treatment was unsuccessful, but did not aggravate the disease. To gaurd my patients against the possibility of suffering from the irritant effects of the iodine, I always at the same time prescribe a laudanum injection, which is to be administered in case the other should cause too much pain. In general, this last prescription does not require to be used; if it is necessary to have recourse to it, it is with thecertainty of remedying those effects, which with me have never been severe. I am of opinion that the iodine injections are also capable of acting on the surfaces of ulcers, abscesses, œdematous swellings, and hypertrophies of the cæcum and colon; an effect analogous to that produced

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It often happens that the iodine injections cause only a slight colic; at other times, after the first or second, the alvine dejections augment, to diminish immediately, at the same time changing their character; at other times, they are diminished or suppressed immediately. In twelve cases reported in my "Memoirs" the intestinal affection was remarkably benefited or cured ten times; twice the treatment was unsuccessful, but did not aggravate the disease. To gaurd my patients against the possibility of suffering from the irritant effects of the iodine, I always at the same time prescribe a laudanum injection, which is to be administered in case the other should cause too much pain. In general, this last prescription does not require to be used; if it is necessary to have recourse to it, it is with the certainty of remedying those effects, which with me have never been severe. I am of opinion that the iodine injections are also capable of acting on the surfaces of ulcers, abscesses, œdematous swellings, and hypertrophies of the cæcum and colon; an effect analogous to that produced

by the application of tincture of iodine to the surfaces on the exterior of the body affected with ulceration, purulent sinuses, and insoluble tumors. Whether this agent acts by substitutive irritation, or by any other unexplained mode, it appears to me to exercise on the intestinal mucous membrane properties at once incarnative, healing, and resolvent. But it is not only on the superficies of the diseased organ that the injection is to act. The iodine is partly absorbed, and it is very probable that, consecutively, it may act on the thickened intestinal mucous membrane and mesenteric glands.—*New-York Journal of Medicine.*

Opium in Irritable and Anæmic States of the Brain in Fever. By HUMPHRY SANDWITH, M.D., Physician to the Hull General Infirmary, and Lecturer on the Practice of Medicine in the Hull School of Medicine.—"The Employment of opiates in cerebral affections," says Dr. Holland, "is a question of much interest and various difficulty;" and "there is a great scope for farther research on this subject, as on all that relates to disorders of the brain, and a strong presumption that opium is capable here of larger and more beneficial application than has yet been given to it." His subsequent remarks, in the same article, "On the Use of Opiates," embrace, but are not restricted to, its use in fever, and may be consulted with advantage. Meanwhile, the profession owe Dr. Latham a large debt of gratitude for his masterly sketch of those irritable and anæmic states of the brain in fever, which demand the cautious use of this powerful narcotic. His brief but comprehensive paper on the subject, published twenty years ago, is still a beacon to guide us in a path, which his observant genius first irradiated.

The class of cases of purely irritable states of the brain is to be discriminated, as Dr. Latham shows less by any *series* of symptoms flowing from the brain, than from the *single* symptom of a state of protracted wakefulness. Nor is the wakefulness pathognomonic *per se*, but to warrant the use of opium, it must occur in combination with an irritable state of the nervous system, induced

either by depressing moral agencies, or by the physically exhausting one of alcohol. The fever may be mild, and "exhibit a *sort of contrast* with the existing affection of the brain;" or it may correspond in severity with the sensorial disturbance up to a certain point, and then the symptoms referable to the brain outrun the febrile phenomena. In the latter case, though vascular over-action may have been kept in check by general or local bleeding, still the sensorial disturbance progresses. "As other symptoms are relieved, the delirium is even aggravated." We are thus presented with two forms of irritable brain in fever, —the one being marked by simple wakefulness with no other cerebral symptom, and the other by wakefulness coupled with symptoms of high sensorial excitement. Both varieties are "incident only to those, whose habits and mode of living have been calculated to do an abiding injury to the nervous system, and who have been long actually suffering from such injury."

The same acute observer, however, recognizes another variety of sensorial disturbance in fever, which is obviously associated with anæmia We shall quote his words.

"Again, I have seen the sensorial affections incident to fever, which require opium for their cure, manifest themselves in another form. There has been high vascular action from the first; and *large depletion* has been required to subdue it and to guard particular organs, and especially the brain, from injury. Under such treatment, all has gone on successfully, and the patient has reached the point of convalescence, with a soft pulse, a cleaning tongue, no pain, and refreshing sleep for two or three days; when suddenly (the tongue, the pulse, and all other circumstances continuing the same) some strangeness of manner has arisen, and then the wildest delirium, and then the unrestrained passage of the evacuations. I have known the transition from such a state of *convalescence* to such a state of peril, take place in a few hours; and I have known the patient again brought back to a state of convalescence in twenty-four hours by a moderate dose of opium. This is a rare form of disease, but one in which, when it does occur, opium is eminently indicated."

Now here was anæmic condition of the brain, but not to so frightful an extent as in the case to which I beg leave now to call the reader's attention; and I may add, that its

very extent suggested, not "a moderate dose of opium," but the liberal use of the remedy.

CASE.—Mrs. T., a rather delicate woman, about thirty years of age, fell into fever during the second week of November, 1848, when near the close of the third month of pregnancy. Her abode was in the vicinity of open and offensive ditches; and it was soon evident that the attack would prove severe. The case ran on nearly three weeks, with symptoms of grave and increasing disturbance of the sensorium, and other indications of low typhoid fever. By careful management, indeed, had she not been pregnant, the disease might probably have evinced no symptoms of more than usual danger. On the 2d day of December, the irritation of the great nervous centres palpably interfered with gestation, and abortion was the speedy consequence. The process unhappily was accompanied with a very profuse hemorrhage, which ceased indeed with the expulsion of the fetus and placenta, but which in twelve hours had brought the patient into imminent peril. Along with continued sensorial disturbance, there were the signs of incipient collapse, as manifested by a rapid and fluttering pulse, unequally diffused animal heat and laborious respiration. Moderate stimulation by wine had been latterly allowed; but it now became necessary both to give ammonia, and augment the dose of alcohol. The extreme restlessness, subsultus, and other alarming symptoms demanded, however, a cordial, on which more reliance could be placed than even on the stimulus of brandy. Life, in short, was now in extreme peril. Calling to mind the marvellous examples of the virtues of opium in uterine hemorrhage *without fever*, as recorded by Dr. Stuart in the *Medico-Chirurgical Transactions*, as well as its power to sustain life in the fearful struggles of angina pectoris, and reasoning from the analogy of its virtues *in fever*, when the circulation is at the same time depressed by antimony, as also in delirium tremens, when excessive and habitual intoxication may be presumed to have exhausted the vital energies of the brain, I determined on an attempt to steady the heart, restore the capillary circulation, and calm the irritation of the nervous centres by a full dose of opium. Mr. Millin, the surgeon with whom I was attending in consultation, fully concurred with me in these views. We accordingly gave a draught

containing a hundred drops of laudanum. The effect justified our most sanguine hopes. Sleep ensued, the circulation rallied; every symptom of cerebral irritation subsided, fever broke up, and convalescence was speedily established.

The present short practical paper contemplates chiefly that condition of the brain in fever, in which an anæmic state of its vessels warrants us in availing ourselves of the stimulant properties of opium, with a view to maintain the equilibrium of the cerebral circulation. In such cases the use of the drug is salutary, chiefly as it favors an amount of congestion essential to healthy sleep. Not that its effects on vascular structure are its only merits; for it is fair to argue with Dr. Holland, that as "narcotic substances have effects, locally applied, on nervous sensibility," so also "there can be little doubt, that in sleep it is the same singular influence, extended more widely over this part of organizaton, and reaching through the cerebral parts of it. the higher faculties of our being." But in anæmic conditions of the brain in fever, the use of opium seems to be salutary, we repeat, chiefly as it favors an amount of congestion essential to healthy sleep. "It is certain, that the states of sleep and coma frequently graduate into each other, in such way as to show that the proximate physical conditions are nearly the same in both;" for "one degree of pressure seems essential to perfect and uniform sleep, while a greater degree, without other alteration of state, assumes more or less the character of disease." While such changes in the circulation of the head are obviously concerned in influenciug the functions of consciousness and voli'ion, it is equally manifest that an anæmic state of the vessels is precisely the one calculated to disarm the narcotic of its dangerous properties. But for that anæmic state, the cerebral capillaries might be goaded on by a full dose of opium into fatal coma. The necessity of a healthy amount of congestion and consequent pressure, however essential to the production of sleep, may be inferred also from considerations regarding the nutrition of the organ. "The sleep of animals," Dr. Carpenter tells us, "consists not in a state of diminshed energy of the *nutritive* functions, but in the cessation of the ***sensorial*** activity, dependent upon a suspension of the functional power of certain parts of the nervous

system, during which there is reason to believe that the nutritive and reparative operations of those organs go on with even augmented rapidity." The value of sleep in this view, and the importance of a healthy circulation of the materials for nutrition, considering the wasting effects of sensorial hyper-activity in fever, are self-evident.

On witnessing such striking displays of the remedial virtues of opium, as in the case related above, one is fain to break out with Sydenham "in praise of the great God, the giver of all good things, who hath granted to the human race, as a comfort in their afflictions, no medicine of the value of opium, either in regard to the number of diseases that it can control, or its efficacy in extirpating them!" After all, most of its value depends on the discrimination with which it is prescribed. When injudiciously administered, as in sthenic cerebral excitement or in the improper arrest of diarrhœa in certain states of fever, it has been observed to produce phrenitis, epilepsy, and coma; so also, when indiscriminately prescribed in delirium tremens, its employment has occasionally been followed by apoplexy. Great and marvelous, therefore, as are the virtues of opium in a variety of diseases, and admirable as are its soothing qualities in several of the forms of cerebral disorder in fever itself, yet let no man venture to prescribe it for the latter (whether in large or small doses) in the dark or at random. It is a sharp-edged tool, and of such fearful potency, that, if it fulfils not a curative intention, it will probably destroy life. There is no instance, in the whole range of practical medicine, more imperatively demanding a sure diagnosis. In short, our warrant to prescribe it hinges on our ability to ascertain precisely that condition of the brain which alone will admit of its safe employment.

It was a rare sagacity which led Dr. Graves to employ tartar-emetic in combination with opium in those cases both of idiopathic fever and delirium tremens, in which the narcotic would probably stimulate to over-congestion of the brain, but for the depressing action of the mineral on the heart and capillary circulation. This complex practice finds its parallel in the analogous operation of opium in states of anæmia in fever.

Medical science is more advantaged, perhaps, by defining the circumstances to which our known remedies are

applicable, than by exploring the resources of nature for others. Not only is great discrimination necessary in deciding on the cases which demand the use of opium, but also in regulating the doses adapted to each variety. Little can be added to Dr. Latham's admirable directions. Our rule of conduct indeed is suggested by the degree of sensorial excitement. "Simple wakefulness may be gently lulled to sleep by a few drops of laudanum, but wild delirium requires to be mastered and (as it were) forced into repose by a much larger dose." Opium, however, goes much farther; and therefore, a much less dose is required in quelling asthenic sensorial disorder, combined with fever, than when it exists alone. Five minims in the milder cases, and twenty in the graver, may be considered minimum and maximum doses in fever. Much, after all, must be left to our vigilance in watching its effects, and to our discretion in judging when to desist, and when and in what doses to repeat the remedy. There are yet other "cases where the indications for the employment of opium are *doubtful*." We shall describe the variety of sensorial disturbance in fever in Dr. Latham's own words:—

"Wild delirium, and long wakefulness, and a circulation weak and fluttering, seem to call for a considerable dose of opium. Yet, withal, there is a *certain jerk* in the pulse, so that we cannot help suspecting that the bloodvessels have something to do with the sensorial excitement. Under such circumstances, I have certainly seen twenty minims of laudanum produce tranquil sleep, from which the patient has awoke quite a new man; but I have also seen the same quantity produce a fatal coma, from which he has never been roused."

Dr. Latham's recommendation, therefore, is in so dubious a case, and to avoid "striking a heavy blow in the dark," to administer a small dose at intervals of one hour or two, "so as to stop short of actual mischief at the first glimpse of its approach, or be led by a plain earnest of benefit to push the remedy to its full and consummate effect." Judicious as is this advice, we cannot but think, that on this mode of treatment of cases, in which, on Dr. Latham's own showing, "the indications for the employment of opium are doubtful," any practice which aims at once to keep down vascular action and soothe the nervous system is a real improvement. And such, we need scarcely add, is the complex method of Dr. Graves.

It only remains that we should revert to the *anæmic* type of sensorial disturbance in fever, in that milder variety of it which, as described by Dr. Latham, we placed in contrast with a much graver form, "a moderate dose of opium," he tells us, suffices to change a state of peril to one of convalescence. But his remarks do not contemplate so frightful a form of anæmia in fever as that of which we have given an example, and which might result equally from a large intestinal, nasal, or bronchial hemorrhage, as from uterine. He speaks of heroic doses of opium only "in extreme cases of delirium tremens," while twenty minims of the tincture, he asserts, are quite sufficient for the purpose of subduing "the very same symptoms, carried to the greatest extremity, *when combined with fever.*" But while "a moderate dose" suffices to relieve the less urgent anæmic forms of the disease, the case related above as having occured to my own observation, seems to sanction a bolder practice in the perilous cases of an extremely ex-sanguine condition of the brain in fever, coupled with the exhaustion resulting from protracted sensorial excitement.—*Association Med. Jour.*

Prosecutions of Medical Men.—Within the past year several suits have been commenced and carried through against medical men for malpractice. Among those in this vicinity we may mention the trials of Dr. Hammond, of Nashua, and Dr. Sargent, of Rochester in this State, and more recently that of Dr. Kittredge, of Andover, Massachusetts. In the first case, Dr. Hammond was acquitted, not more in consequence of the ability of his counsel than the honesty and independence of the surgeon called to testify for the plaintiff. In Dr. Sargent's case we are informed that the verdict was given for the plaintiff in the face of the most explicit testimony from medical men. The same was true in Dr. Kittredge's trial, in which, as we understand it, after an injury to the arm in which there was rupture of the brachial artery, the attending surgeon was brought in guilty for causing the arm to slough off by tight bandaging. The community

should be made to understand that by encouraging such prosecutions they are endangering their own safety, and surgeons will be compelled in self-defence to require beforehand a bond that they shall not be prosecuted, whatever may be the result of the treatment. From several recent trials we feel warranted in saying that the chances are altogether better for the acquittal of an ignorant, uneducated pretender to medical knowledge, who is really guilty, than for that of an intelligent, well-educated surgeon to whom no fault can justly be charged.—*New Hampshire Jour. of Medicine.*

Iodide of Potassium as an Antidote to Mercury. by J. W. Corson, M.D.—In common, doubtless with many others, I have for years been in the habit, especially in scrofulous constitutions, of always terminating a mercurial course by the protracted administration of the iodide of potassium, both as a remedy for the immediate effects of mercury, and as a prophylactic against its future injurious consequences. And I have gradually ventured to be far less apprehensive of the ill effects of the mercurials in cachectic habits when judiciously managed, than formerly.

These views came as quiet practical teachings from the bedside. But the peculiar mode of action by which the iodide of potassium neutralized the slow poison of mercury in the system, was to me, as doubtless to others, a mystery, till the recent clear and satisfactory experiments of M. Melsens, of Paris, explained the whole matter. The observations of M. Melsens were first embodied in a remarkably interesting paper, published not long since in the *Annales de Chimie et de Phisique*, and recently translated by Dr. Budd, of Bristol, and republished in the *British and Foreign Medico-Chururgical Review* for January, 1853. Those who are not already familiar with it we would refer to the original paper as a master-piece of medical observation, strengthening the patient deductions from the experience of the bedside, by the most rigid chemical analysis.

In the hope of directing more attention to these researches and somewhat confirming them, we have selected the above cases out of many others that might have been

quoted. Some of them have the advantage of having been watched for several years, during which time they have exhibited no wandering pains, or undue sensitiveness to cold, and no cachectic appearances or other signs of injury from the constitutional effects of mercury. Four out of the five cases had legitimate evidence of scrofulous or tuberculous taints and were therfore, speccially liable to injury, and better proofs of the efficacy of the antidote. In the single exception, too, there was a chronic renal affection, and it is well known that in Bright's disease, and other chronic difficulties of the kidney, mercury is particularly apt to act at times with fearful violence. The suffering in this case from ptyalism, was most severe of all, and the prostration amounted almost to that of mercurial erethism.

Yet with these constitutional tendencies to hinder us in the administration, they all belonged to that desperate class of cases in which, from change of structure, or effusion of lymph or serum, life itself was immediately jeopardized, and apparently could only be saved by the resolvent effects of mercury. The simple enumeration of the cases would tell the practical physician that, when menacing life, he had, in duty to his patient, no other choice. They consist, it will be recollected, of extensive dropsy with hepatic congestion, threatening obstructive inflammation of the throat, immense pleuritic effusion, suffocative laryngitis, and severe puerperal peritonitis. In all these cases mercury appeared the *only remedy* capable of meeting the exigency. It succeeded most happily; and through the singular, and as we firmly believe efficient counteracting agency of the iodide of potassium, in a class of subjects most liable to injury, it left no sting behind. How the iodide of potassium acts in thus neutralizing the slow poison of mercury, the varied experiments of M. Melsens seems clearly to explain.

He lays it down as an admitted principle, proved by the well-known fact, that years afterward, persons who have once freely taken mercury find gold coins discolored by the mercurial in the perspiration of their bodies, and that mercury has been sometimes detected in the body after death; *that mercury as well as lead combines with the animal tissues*, and remains, so to speak, fixed in the system for years. Secondly, that in the body as well as out

of the body, the iodide of potassium acts as a *powerful solvent to the compounds of mercury and lead; disengages them readily from the animal tissues*, and drains them off through the kidneys. Many ingenious chemical and clinical experiments are given to establish these propositions. M. Melsens first proved that the iodide of potassium passes off principally in the urine, by taking large quantities himself, and then analyzing the different secretions of the body. The fæces contained scarcely a trace, while the urine was loaded with it. It passes off through the kidneys with great rapidity. A person took 77 grains of the iodide of potassium, and in a few minutes the urine was charged with it. The compounds of mercury and lead, with the iodide of potassium, pass off by the kidneys in the same way.

An extraordinary cure of a looking-glass maker with severe mercurial paralysis, is given, in which the patient took the iodide of potassium in very large doses for several months, and repeatedly during this period the iodide of mercury was detected in the urine by chemical tests.

The great efficacy of the iodide of potassium as an antidote to the slow poison of lead and mercury, were proved by M Melsens, by experiments upon several dogs, which were fed with the carbonate and sulphate of lead till paralyzed, emaciated, and nearly dead, and then in a short time restored to health and flesh by the administration of the iodide of potassium.

Three cases of severe lead paralysis among house-painters and workers in lead, were entirely cured, and a fourth greatly relieved by the same remedy. In five cases of mercurial paralysis and severe suffering among gilders and workers in quicksilver, the iodide of potassium in a few weeks, accomplished great relief, or a perfect cure.

It happened in some cases that the poison seemed to be liber ated so rapidly by the remedy that it was badly borne. Sometimes profuse re-salivation was the consequence. I had under my own care a gilder, aged 65, a few weeks since, suffering from mercurial tremors and paralysis, in whom eight grains of the iodide of potassium, three times a day, produced distressing ptyalism, and so added to his sufferings that he refused to continue the remedy.

Does the iodide of potassium ever salivate, except by *liberating* mercury?

We believe not. In the few cases in which salivation occurs from preparations of iodine, we think it will always be discovered that mercurials have at some previous time, in the patient's life, been taken.

From the experiments of M. Melsens, it appears that the iodide of potassium when taken with mercurials, sometimes acts as a preventive to injury from the latter. We have for years been in the habit in strumous, syphilitic cases, of giving blue pill at night, and the iodide of potassium by day. Or we have *neutralized*, as we imagined the too severe effects of the prot. iodide of mercury, siny philtic and scrofulous throat affections, by combining with it the iodide of potassium. We have very lately witnessed excellent effects from this combination, in a case of tubercular syphiltic eruption.

Might not the exhibition of the iodide of potassium, in seasons of special exposure, be a protection to painters and workmen in lead, against lead colic, and paralysis?

It is curious to notice what immense quantities of the iodide of potassium may be often safely borne. M. Melsens took himself, for two months, from half a drachm to a drachm and a half per day, or more than two thousand grains in the whole period, without any inconvenience, except temporary coryza, and a few pimples, and with a decided increase of appetitite. One of the most severe cases of mercurial paralysis, related as cured by him, took 2,314 grains of the iodide of potassium, between the 21st of March and the 23d of June.

Of the cases of our own, one took five grains, three times a day, for eleven months, with the greatest benefit. M. Melsens reccommends, in cases of mercurial, or lead poisoning, to begin with fifteen grains in solution, three times a day, and to increase the dose as the patient will bear it.

Dr. Budd thinks such large doses require two conditions—*First*, to be given on an empty stomach; and *Secondly*, in a state of large dilution.

The cases we have narrated above seem to prove. that in milder forms where mercurial paralysis is not induced, and the system is not highly charged with the noxious

mineral; smaller doses of the iodide of potassium, if continued sufficiently long, are highly efficacious.

In conclusion, these researches of M. Melsens explain, we think, why the iodide of potassium is so serviceable in certain broken-down syphilitic patients, in whom the quantity of mercurials previously taken, finally form an important element in their disease. We have not sufficiently tested the iodide of potassium in lead disease, to speak, as yet, with confidence from personal reference. We may, however, as a supplement to this paper, at a future period, report a few cases of lead paralysis, now under treatment, and hope, in the mean time, to promote the principal object of this paper by eliciting from the profession further observations on this important subject, and exciting a deeper interest in the original memoir, from which we have so freely quoted.—*New-York Journal of Medicine.*

Chloroform in Rheumatism. By J. KIRBY, L.L.D., L. C.D., Ex-prof. of Physic in the College of Surgeons, Ireland.—The following case is selected from some others of the same kind, as illustrating a kind of practice that we have seen carried out in several instances with marked benefit:—On the 3d instant, I was called to visit Mrs. K—, who is about 40, mother of several children, and now six months advanced in pregnancy. At the commencement of last summer, she was affected with a scrofulous abscess above Poupart's ligament at the left side, which was opened and discharged matter in a large quantity peculiar to that disease. By a residence in the country, seabathing, suitable exercise, and tonic remedies, the abscess grew less, and in time it cicatrized altogether, On her return to town, she again complained of abdominal uneasiness, the tumor formed anew, and it broke spontaneously, she in the mean time having no advice on the subject.

For the last fortnight, she has been confined to her bed, except when moved for purpose of convenience or comfort. She lies wholly on her right side, in consequenc of pain induced whenever she turns on her left. During this time she had "scarcely any sleep." At night she suffers "most excruciating and constaat pains in her loins, over the

sacrum, the coccyx, and the hips." These pains compel her to loud exclamations of distress, disturbing the whole house by her vociferations. so that her husband and attendants make many complaints of the want of repose. The appetite is wholly gone. She takes whey and tea principally and she loathes wine, porter, ale and beer. She sweats profusely at night; the bowels are regular; the urine scanty and lateritious: the pulse is very frequent and weak: she is much emaciated, and looks in fact like a person far advanced in hectic fever. The movements of her child are quick, lively and natural. The abscess discharges about a tablespoonful of rather healtny matter

From the success which attended the administration of chloroform in other cases, I was induced to make a trial of its remedial agency in the present instance, and I accordingly prescribed it in the following way:—

℞.—Chloroform. min. octo.
Aquæ ℥j;
Syrup. croci ℥j;
Ft. haustus. Mitte tres haustus tales. St. unum quartis horis.

℞.—Chloroform. drach. tres.
Aquæ unc. tres. M. Sig. for external use.

A sixth part of mixture was desired to be sprinkled on a folded handkerchief and laid on the parts severely affected, and these to be covered with a large sheet of gutta percha paper to prevent evaporation. Visiting her the next day, I was agreeably surprised to learn from her that all her torments had wholly disappeared after she had taken the first draught, and that the others had procured a good night's sleep.

The first application of the mixture was awkwardly applied, and she said it gave her much pain, and therefore she would not permit it to be used again. In consequence of a good night, she had some appetite, and enjoyed a glass of Calcavella wine. Two chloroform draughts were to be taken at night if the pains returned.

The husband has informed me that she was moved to the sofa at four o'clock yesterday, where she remained till twelve, and slept, as she was free from uneasiness. On her return to her bed, she was seized violently in the back and hips, but these pains were much alleviated by the two chloroform draughts.

She was now ordered to remain in her bed, to have the local application made once, and to take two draughts at night unconditionally, and a mixture composed of infusion of roses, with dilute sulphuric acid, was ordered with a view to restrain the nightly perspiration, to which she attributes much of her debility.

To-day, the 7th of the month, she reports that she used no medicines, feeling that she required none; however, she is mistaken, for her health is in a very precarious state in consequence of the discharge of matter from her groin and her pregnancy. To-day she goes two miles from town, and her case devolves on Dr. O'Brien, who met me in consultation, and who is to attend her in her confinement.—*Dublin Medical Press.*

Inhalation of Chloroform in Pneumonia.—The late journals of Germany publish more than 200 cases of pneumonia treated by inhalations of chloroform. Far from being contraindicated in pulmonary phlegmasia, as had been thought up to the present time, chloroform on the contrary would seem, according to these facts, to modify favorably the inflammatory process of the lung. From among the observations published, out of 193 cases treated by Drs. Wachner, Baumgartner and Schmit, only nine died. Of twenty-three cases reported by Dr. Wawentrapp, of Frankfort, nineteen were treated exclusively by chloroform, and only one died. Every two or three hours the patient is made to inhale the vapour from fifty drops of chloroform, during ten or fifteen minutes, so as never to let the effects reach a loss of consciousness. All the patients were of adult age, and the disease upon an average had reached the fifth day. In every case it was observed that the chloroform had a diaphoretic effect, which was sometimes produced by the first inhalation, and never failed to manifest itself on the third or fourth day. It gradually diminished the local pain, and caused it to disappear; it calmed the thoracic anxiety, brought back the respiration to its normal type, always appeased the cough, facilitated the expectoration in rendering it less abundant; and, lastly it reduced the febrile reaction and induced a refreshing

sleep three or four days after the inhalations were commenced.—*Gazette des Hopitaux.*

The Microscope. By O. W. Holmes.—The microscope is of all philosophical instruments the most unfailing and untiring companion. The astronomer tells us that hardly more than a dozen nights in a year are adapted to his observations. He must watch all night exposed to cold and damp, surrounded by costly and cumbrous machinery. The microscopist sits down at his fireside or his window, with a little instrument before him, a mere toy to look at —a giant mightier than the slave of the lamp or the ring in its power of transformatiion. All that he wishes to observe upon, nature is ready to furnish him. Nothing is too precious or rare for him to covet; he wishes but a mere speck, a particle, such as the koh-i-noor could spare him. Nothing is repulsive, examined in its infinitesimal shape. The disease which infected the wards of a hospital does not betray itself in the narrow apartment where he studies all its intimate details. He may study and work until *practice* comes and takes him off his feet and floats him away into a world of other cares and duties, and year after year, every day will bring him something new to examine. I will say nothing of the utlity, even the necessity of the microscope to the practical physician and the surgeon. As a mere illustrative companion to scientific study, as a mere intelligent plaything, it is the most precious gift to all who love to look at the universe as its inner life is revealed to the senses. To all who have done and are doing anything to render it more available for the purposes of study, we are under obligations which it is a pleasure to express, even if it is done as in this slight notice, which was suggested by the pleasure derived from examining the preparations made by Dr. Durkee.—*Boston Med. and Surg. Journal.*

Yellow Fever in New Orleans.—About the 26th of May last, the first case of yellow fever entered the Charity Hospital, and after death black vomit was found in the stomach. The first fever cases originated among the shipping along the Levee, in the Fourth District, from which point it extended rapidly through the adjacent portion of the town. A large population of unacclimated persons, living in wooden huts, with floors and timbers soaked in water, and half decayed, were seized with the disease in the most malignant form. For some time previously rain had fallen almost daily, and this added to a hot, burning sun, seemed to give strength to the poison, and lent intensity to the disease. The streets in this vicinity, for the most part, were unpaved, or planked, and the culverts, gutters, etc., were filled with water, saturated with filth and decaying vegetable and animal matter. The crowded state of these huts and low wooden tenements, with their floors steeped in mud and water, is admirably calculated to generate and propagate the germ of a disease which had already been sown in their midst.

The habits of these people,(being chiefly Irish and German laborers,) notoriously negligent and filthy, and utterly indifferent to all those precautionary measures which a limited knowledge of the laws of hygiene should suggest, served only to add fuel to the conflagration which was destined to extend its ravages to every portion of our devoted city. Hence, for some time, the yellow fever confined its work of death within particular localities,—but by and by gaining strength by what it fed upon, it began to travel to other and more distant points,—to extend its arms, so to speak, in every direction, until it grasped the Four Districts within its deadly embrace. For some time the hope was entertained that those who paid proper regard to personal comfort and cleanliness—who dwelt in high, airy, and well-ventilated apartments might escape the disease; but this proved a delusion,— it soon became apparent that as heretofore, the epidemic fever was no respecter of persons,—the master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the

humble and needy. All who had not passed through some one of our epidemic seasons were exposed to attacks from the disease. As has been already mentioned, the fever made its appearance in the latter part of May, at least one month and a half earlier than usual, and from the first case up to the present, it steadly increased almost daily, until the mortality per diem exceeded that produced by any epidemic known in the annals of our sanitary history. In recording the fearful ravages of the present epidemic we must not forget that we have remained exempt from any such visitation since 1847, and during this time an immense population of unacclimated persons, both from Europe and the north-western part of our own country, have been accumulating in our city. The number of unacclimated persons in the city, at the breaking out of the epidemic has been estimated at 30,000 souls; but many of these, it is fair to suppose, have left the city to escape the disease.

The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons had died of the disease in six and eight hours from the moment of seizure, can readily be explained by a better knowledge of the antecedent history of the case: for on inquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking their bed and calling in medical aid. This surmise gains additional stregth from the fact that the attack, in many instances, has been so insiduous and destitute of alarming symptoms, that it is with difficulty such persons could be persuaded—could be prevailed upon to submit to the usual restrictive treatment.

It is not strange therefore that such cases, which had been neglected for two or three days, in the early and curable stage of attack, should terminate in fatal black vomit, in a few hours after the physician is summoned to the bedside of his patient. So much for the apparent malignancy of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity; so severe indeed as to terminate in death in a few hours, in spite of the best efforts of the most skillful physician and the most careful nursing.

In some instances the system seems so thoroughly saturated with the poison of the disease, from the very moment of seizure, that no system of medication, as yet suggested, seems able to cope with and stay the fatal tendency of the fever. Every medical man who has had much experience in the disease, must remember occasional instances of this kind.

The disease this season, though essentially the same in many of its most prominent features, exacts perhaps, on the part of physician and nurse, more care, diligence and precaution, to terminate favorably, than usual in our epidemics. The slightest imprudence, either in diet, exposure, or excitement of any kind, is almost certain to superinduce a relapse—from which state it is usually very difficult to extricate the patient. Hence, the great mortality among those who are not only ignorant of the peculiarities of the disease; but who are also unable, and in some instances unwilling to pay for the requisite medical aid and attendance.

We refer to our table below, furnished by Dr. Simonds, the active Secretary of the Board of Health, for a full account of the deaths and other particulars which have occurred since the epidemic broke out. By this, it will be seen that yellow fever has done terrible execution among our unacclimated population; has produced a mortality unparalleled in the history of our ill-fated city. Even while penning these lines, the fever is sweeping off over *two hundred per diem*—and from present appearances, it is likely to continue its fearful ravages for, perhaps, weeks to come.

Our quondam associate, Dr. Fenner will, in due time, give us a full and detailed history of this epidemic, as he did that of 1847, when the disease shall have run its course and done its work of death.

On the next page, we give the mortality produced by the epidemic, in the city of New orleans, from the 28th of May up to the 26th of August, inclusive, for 1853.

THE EPIDEMIC.

Total number of Deaths by Yellow Fever and Other Diseases, from May 28 till date.

Week Ending.	Total.	Yellow Fever.	Other Diseases.	Not Stated.
May 28	140— 110	1— 1	139— 139	..
June 4	157	1	156	..
..... 11	154	4	150	..
..... 18	147	7	140	..
..... 25	167— 625	9— 21	158— 604	..
July 2	177	25	152	..
..... 9	188	59	129	..
..... 16	344	204	140	..
..... 23	617	435	182	..
..... 31	884—2210	704—1427	138— 741	42
August 1	142	106	25	11
..... 2	135	115	14	6
..... 3	146	124	17	9
..... 4	166	135	15	10
..... 5	150	128	9	13
..... 6	238	194	30	14
..... 7	209—1186	165— 967	40— 150	4— 69
..... 8	219	187	23	9
..... 9	201	166	21	14
..... 10	230	193	33	4
..... 11	233	192	13	18
..... 12	207	180	25	2
..... 13	214	179	2[illegible]	13
..... 14	232—1526	191—1288	26— 163	16— 75
..... 15	217	187	24	6
..... 16	193	163	19	11
..... 17	219	191	21	7
..... 18	219	188	22	9
..... 19	234	203	15	16
..... 20	224	184	29	11
..... 21	269—1575	230—1346	24— 154	15— 75
..... 22	283	239	29	15
..... 23	258	220	24	14
..... 24	222	188	23	11
..... 25	218	186	19	13
..... 26	193—1074	151— 884	29— 124	13— 66
Total	8336	5934	2075	327

N.B. The returns from St. Patrick's Cemetery since the 31st July, not having been duly made, cannot be relied on, except for two weeks, when the books were resorted to by the Secretary, to enable him to make a weekly report.—*N. O. Med. and Surg. Jour.*

Anesthetic Properties of Lycoperdon Proteus (Common Puff Ball).—The number of the *Medical Times and Ga-*

zette for June 11 contains an abstract of a paper read before the Medical Society of London, on the anesthetic properties of the lycoperdon proteus. The author's attention had been directed to the fact, that the smoke of the common puff-ball was used in the country for stupifying bees, and the idea struck him that it would be worth while to ascertain if the same agent would produce narcotism in the higher classes of animals. Several weeks since he commenced a series of experiments with the fumes of the fungus, and had continued them to the present time. He found it possible to produce the most perfect anesthesia with the fumes. His experiments were made on dogs, cats, and rabbits, and had been witnessed by Drs. Willis, Crisp, Cormack, Snow, and several others. He had administered the narcotic fumes in the impure state, and in a clarified state obtained by passing them through a solution of caustic potass. When an animal was exposed to a large quantity of the narcotic vapor, the narcotism came on very speedily, and the insensibility was most decided, but recovery soon took place. Dr. Willis and Mr. Richardson had removed a large tumor from the abdomen of a dog that had been placed under the influence of the narcotic. No sign of pain was shown during the operation, and the animal did well afterwards The fumes were obtained by burning the fungus. When a moderate quantity was inhaled slowly, the narcotism came on and passed off slowly, the animal exhibiting all the symptoms of intoxication, with convulsions, and sometimes vomiting. Several animals had been intentionally destroyed by the narcotic. It destroyed life slowly; a dog would often inhale the fumes for twenty minutes or half an hour after being completely narcotized, previous to expiring. The heart's beat in all cases survived the respirations. The lungs after death were pale; there was no sign of congestion in any organ; the blood retained its red color, but did not coagulate quickly; cadaveric rigidity set in in two or three hours. During recovery from a protracted narcotism, an animal would sometimes be quite conscious, but insensible to pain. Mr. Richardson had himself inhaled the clarified fumes of the fungus; they produced in him symptoms of intoxication and drowsiness, but he did not breathe them long enough to become completely narcotized. Mr. Richardson was

able to afford but little information as to the nature of the narcotic agent contained in the fumes. Many of the fungi possessed narcotic properties, and had been supposed to possess an alkaloid resembling morphia; but the subject had never been thoroughly investigated. He should only say, concerning the narcotic principle contained in the puff-ball —

1st. That it was of a most volatile nature.

2d. That it was not absorbed by alcohol, water, or strong alkaline solution.

3d. That if the fungus was burned in oxygen gas, the narcotic principles still remained in the fumes, and produced its effect, if free oxygen was breathed with it.

The fungus had been given internally to two animals without effect. In Italy, it was fried and eaten as food. In conclusion, Mr. Richardson said, that he had been anxious only to show that a volatile narcotic principle, capable of causing anesthesia by inhalation, did exist in one of the fungi; it remained to be seen whether other fungi possessed a similar principle, and whether from a fungus an anesthetic could be obtained that might be useful in practice, with as little trouble to the operator and with less danger to the patient than ether or chloroform.

Dr. Snow corroborated Mr. Richardson's observations, having witnessed several of his experiments. There could be no doubt that the fungus did possess a very volatile narcotic principle, capable of causing insensibility to pain. As yet, however, the narcotic was not so practicable as chloroform. The subject deserved and required farther search.—*Am. Jour. Med. Sci.*

THE WESTERN JOURNAL.

THIRD SERIES.—VOL. XII.—NO. IV.

LOUISVILLE, OCTOBER 1, 1853.

HEALTH OF LOUISVILLE.

Having begun to notice the unusual prevalence of health in Louisville during the season which is ordinarily the sickly one, it affords us pleasure to be able to continue our favorable report. As we have had occasion already to remark, notwithstanding the profusion of fruits which the season has afforded, the population of our city have enjoyed a most remarkable exemption from all complaints of the bowels. The experiment has been tried on the largest scale, and it is impossible that the result could have been more decisive. After the experience of the past summer it would be folly in a Louisville physician ever to connect summer complaints with summer fruits. Autumn has brought no unfavorable change. We have not for many years had as few cases of fever in September as the last month has produced. The season has been altogether a remarkable one — remarkable, in the early part, for the drouth, and remarkable throughout for its heat, and for its healthfulness and its fruitfulness.

DEATH OF DR. COCHRAN.

Dr. WILLIAM COCHRAN, one of the oldest physicians of this city, died of yellow fever, at Biloxi, on the 20th of August. The deceased was on a visit to his son, Dr. WILLIAM W. COCHRAN, when he was seized with the fatal epidemic. He has been a practitioner in Kentucky for many years, and was greatly esteemed for his excellent social and professional qualities. His manners were those of an old Virginia gentleman, urbane, dignified, and courteous, and his impulses warm, generous and noble. For several years past he had retired very much from the active duties of his profession, but he leaves behind him two sons, worthy representatives in the calling which he adorned. We hope, in a future number, to be able to give a sketch of the life and professional services of Dr. COCHRAN.

The following proceedings on the part of the physicians of Louisville took place when the intelligence of his death reached the city:

"At a meeting of the physicians of Louisville, held on the 5th ult., on motion of Dr. KNIGHT, Dr. L. P. YANDELL was called to the chair, and Dr. B. I. RAPHAEL appointed Secretary.

"The object of the meeting having been stated by the CHAIRMAN, it was moved that a Committee be appointed to draft resolutions in conformity therewith.

"The following gentlemen were appointed: Drs. B. I. RAPHAEL, MANDEVILLE THUM, and WM. H. MILLER, who, after retiring a short time, presented the following resolutions, which were unanimously adopted:

"WHEREAS, It having pleased Almightly God to remove from our midst our venerable friend and fellow-practitioner, Dr. WM. COCHRAN, who departed this life after a very brief illness, at Biloxi, Miss., on the 20th August; and in view of the many virtues which endeared him to all who knew him, therefore,

Resolved, That we have received with profound regret the intelligence of the death of Dr. COCHRAN.

Resolved, That in the death of Dr. COCHRAN the medical paofession has sustained the loss of a venerable member, and a firm and undeviating friend.

Resolved, That we deeply sympathize with his bereaved family in the irreparable loss which they have sustained by this dispensation of Divine

Providence, and that the Secretary be directed to transmit them a copy of these proceedings.

"*Resolved*, That these proceedings be published in the daily papers of the city, in the *Western Journal of Medicine and Surgery*, and the *Transylvania Journal of Medicine*.

"On motion, the meeting adjourned.

"L. P. YANDELL, Chairman.

"B. I. RAPHAEL, Secretary."

A NEW MEDICAL JOURNAL.

"The cry is still, they come!" We have received the following prospectus of a new medical journal, to be issued under the auspices of the Medical Society of Virginia:

"The following scheme is proposed, but will, of course, be subject to modification by the Society:

"The *Journal* shall be edited by a corps of seven competent individuals, to be chosen annually by the State Medical Society. It shall appear Quarterly—in January, April, July, and October — each number containing one hundred and ninety-two pages, making, at the end of the year, a volume of seven hundred and sixty-eight pages.

"To each of the editors a particular department of medicine shall be assigned, and no article shall appear in its columns which is not approved by all.

"By this arrangement the subscribers will have a satisfactory guarantee that no inferior matter will ever disgrace the work, but that they may look to it with confidence for information on which they may rely.

"The price of subscription will be *contingent on the number of subscribers*, but will in no case exceed *four dollars per annum, in advance.*"

Two or three remarks are suggested by this scheme. In the first place, we cannot see, at this distance, why the Medical Society of Virginia should have passed by both the medical journals now in progress in Richmond. It occurs to us that one or the other of these excellent periodicals might have been made the vehicle for communicating their transactions; but there are doubtless reasons influencing the Society of

which we are not apprised. We cannot, however, withhold the opinion that there is some danger of the business of medical journalism being overdone in the Old Dominion. But if the new journal must be added to the long list of our serials, we suggest to the Society that the number of editors proposed is too large. They will never be able to co-operate. Seven doctors to meet regularly and consult about the details of a medical quarterly! The thing seems to us wholly impracticable. "The half is better than the whole," is a maxim of one of the ancients, which will certainly be found to be true in this instance if we are not greatly mistaken. There can be no doubt if the scheme is carried into execution, that the journal will be an able one. We only question the policy of dividing the professional mind of the State, instead of concentrating its force upon the journals already in existence.

YELLOW FEVER IN THE SOUTH.

It is gratifying to learn that the pestilence is abating in New Orleans; but while it is subsiding there it is spreading into the towns and villages around. The *New Orleans Bulletin* of the 13th September, says:

"The weather continues to be unfavorable in the highest degree. We doubt if such weather has ever prevailed before in any portion of the earth—so unhealthy, uncongenial, and unnatural—for three months at a stretch. As we write, a heavy, cold rain, is falling, and the sky wears a dark and sombre hue, that might suit December in its worst moods, but which is wholly unsuited to September, in this latitude. Notwithstanding the bad weather the mortality continues to decrease. We want no better evidence of the general subsidence of the epidemic, and no surer proof that the city will be, very shortly, entirely exempt from yellow fever, if strangers and absentees keep away for a few weeks longer. Let them stay away until they can return in safety. If they come back now they will be tempting food for the fever, and will, in all probability, fall victims."

The *Vicksburg Whig*, in reference to the epidemic, says:

"We feel that a high public and social duty makes it necessary for us to urge in the most earnest manner upon those of our citizens absent

from the city not to return, or visit it, unless compelled to do so, until they have full information as to the abatement of the epidemic. The fever has been, within the last week, not only an epidemic, but is becoming, if it has not already become so, a pestilence of the most fearful character. It is now more general and fatal than it was in 1841. It selects its victims without distinction. The old and the young, the rich and the poor, man in the fullness of his strength, and woman in the pride of youth, beauty, and loveliness, are alike its victims. It spares no ages, sexes, or conditions; not even the negroes, who have heretofore escaped. There is scarcely a tenanted house in the city not afflicted by the visitation to some extent. The mortality for the last few days has been fearful for the size of our present population, and the number of patients under treatment and convalescent, much larger than ever before known."

This was written on the 13th of September. Two days later the same paper has the following:

"We regret that we are not able to chronicle any abatement or decline of the pestilence. On the contrary, it will be seen from the Sexton's report for the last two days, that it is marching onward with fearful terror, and seems to gather strength and power as it progresses in its work of distress and desolation. As it grasps its victims it acquires a fresh love for food, and seizes each new one within its influence with as savage fierceness as the last. Other neighboring cities and towns (and even the country, in the county of Claiborne) are similarly afflicted. In Port Gibson, Grand Gulf, Yazoo City, etc., we learn that it rages with like violence, and that the citizens are fleeing in every direction. Even in Jackson and Raymond we are told that it has made its appearance, and created the greatest consternation."

YELLOW FEVER IN PHILADELPHIA.

A few cases of yellow fever have occurred in Philadelphia, under circumstances that strongly favor the theory of its portability. It seems clear that the pestilence was carried there by a ship. No apprehension is entertained that the disease will become epidemic in that city. The *Philadelphia Sun*, in recording the fact that the Board of Healt

reports two fatal cases of the fever in a week, remarks that the disease exists still in the neighborhood of South and Swanson streets, to which locality it was brought by the barque *Mandarin;* but it is of a mild type, and, in most instances, yields to medical treatment. Many houses in the vicinity have been deserted, and several factories closed. The disease, however, it is said, is confined almost exclusively to badly ventilated localities, to purify which the Board of Health is doing every thing in its power, but it is supposed it will require a few heavy frosts to kill it off effectually.

MEDICAL SOCIETY OF KENTUCKY.

The State Medical Society will meet at Lexington, on Wednesday, the 19th instant, and there is a promise of a large and spirited meeting. At the last meeting a great amount of business was provided for the year, and many reports may be expected from the Committees. The Society has already achieved a high reputation, and we trust its future transactions will add to its fame. Will not every physician of the State feel it his duty to countenance the Society, and, if possible, attend its meetings? We hope to see representatives from every quarter of the Commonwealth in Lexington, and if gentlemen will but attend once, we are sure they will find the reünions so agreeable that they will not be content to be absent from the future meetings. We promise that Louisville will be fully represented in the approaching meeting in Lexington.

GEOLOGICAL SURVEY OF KENTUCKY.

Almost every State in the Union has had a geological survey. Kentucky, thus far, has been blind to her interests on this subject. We think we see indications of an awakening in reference to it, and suggest to our Kentucky readers to press the matter upon the attention of their Representatives in the Legislature. The measure can be consummated at the next session if its friends will make a vigorous and united effort in its behalf. It is high time the work were begun.

APPOINTMENTS IN MEDICAL COLLEGES.

Dr. SOCRATES MAUPIN has been appointed to the Chair of Chemistry in the University of Virginia, vacated by the resignation of Dr. J. LAWRENCE SMITH, who has settled permanently in Louisville.

Dr. E. H. PARKER, Editor of the *New Hampshire Journal of Medicine*, has been appointed Professor of Physiology and Pathology in the New York Medical College.

The following appointments have been made in the Medical College of Ohio: Dr. G W. BAYLESS, Professor of Anatomy; Dr. ASBURY EVANS, of Covington, Ky., Surgery; Dr. CHARLES W. WRIGHT, Chemistry; Dr. N. T. MARSHALL, Midwifery; Dr. SAMUEL G. ARMOR, Physiology and Pathology.

In the Medical Department of Yale College, Professor SILLIMAN, Sen., having resigned the chair of Chemistry, and Dr. ELI IVES that of Materia Medica, Dr. HENRY BRONSON has been appointed to the latter, and Dr. BENJAMIN SILLIMAN, Jr., succeeds his father in the former. The last appointment, as we have heretofore said, makes no change in the programme of exercises in the University of Louisville for the coming session. Prof. SILLIMAN is still in the Chemical chair. His health, which suffered from too severe mental application during the hot weather in August, is, we are happy to say, entirely restored, and he expects to be in Louisville early in October to engage in the preliminary course.

TRANSACTIONS OF THE MEDICAL ASSOCIATION, NEW YORK.

The Medical Association of Southern Central New York held their seventh annual meeting in June last, and the fruits are a neat pamphlet of 96 pages, containing reports on a variety of surgical and medical subjects. This Association manifests a commendable spirit of industry and perseverance. The members appear to be working men. A number of the reports before us are elaborate and full. There are surgical reports on the counties of Cortland, Broome, Tioga, and Tompkins, that contain valuable facts and statistics; and the report on the endemics and epidemics of Chemung county, though short, is interesting. In a brief notice of epidemic dysentery Dr. BURDICK speaks of a combination of opium and acetate of lead as having been entirely successful in his hands. Dr. BRIGGS has an excellent essay on the diseases incident to adventurers

in California; and there is also a good account of hay asthma by Dr. Wet. As a prophylactic, he recommends before the attack is expected, the cold shower bath, with quinine and sulphate of iron. Dr. Elliottson recommends persons subject to this affection to sleep with chloride of lime in their rooms about the period of the anticipated attack.

CONDIE ON CHILDREN.

It is a just compliment to the talents and industry evinced by Dr. Condie in his treatise on Children, that a second edition has so soon been demanded. We are indebted to Messrs. Blanchard & Lea for a copy, which we have just received at the hands of Mr. Henry C. Morton, bookseller, of this city. It were needless to say that the publishers have discharged their duty, as usual, or to repeat that the work is one of the most practical and judicious that has issued from their prolific press. We recommend every young physician about purchasing a library to embrace in it a copy of this work, and every practitioner, of whatever age, to read it.

UNIVERSITY OF LOUISVILLE—PRELIMINARY COURSE.

The informal course of lectures in the University of Louisville will commence on Monday, the 3d inst., at which time the anatomical rooms will also be open. The course will embrace lectures on Microscopical Anatomy, Poisons, the Comparative Anatomy of the Nervous System, the Medical Jurisprudence of Midwifery, some of the Diseases of Females, and Clinical Instruction at the Marine Hospital. No charge is made for admission to these lectures, and as they embrace some subjects not fully discussed in the regular course, it is believed students will find it profitable to attend them.

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